

SOUTHERN FULTON SCHOOL DISTRICT

DISTRICT OFFICE
3072 Great Cove Road, Suite 100
Warfordsburg, PA 17267
Phone (717) 294-2203
Fax (717) 256-7437

ELEMENTARY SCHOOL
3072 Great Cove Road
Warfordsburg, PA 17267
Phone (717) 294-3400
Fax (717) 256-7459

HIGH SCHOOL
13083 Buck Valley Road
Warfordsburg, PA 17267
Phone (717) 294-3251
Fax (717) 256-7464

AFFIDAVIT OF RESIDENCY

I, _____, currently reside at:

Address: _____

Telephone number: _____

I confirm that my child/children _____,
resides with me at the above address.

NOTE: Through my notarized signature, I grant the Southern Fulton School District permission to investigate the above mentioned information that I have presented in this statement for confirmation and factual accuracy.

I understand the false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Notwithstanding any other provision of law to the contrary, a person who knowingly provides false information for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to both perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with section 24 Pa. C.S. § 25-2561 during the period of enrollment.

_____ (SEAL)
Date

Sworn to and subscribed before me this

_____ day of _____, 20____.

Notary Public

My commission expires: _____