Catasauqua Area School District

"Dedicated to Educational Excellence"

201 North 14th Street, Catasauqua PA, 18032 / Phone 610-264-5571 / Fax 610-264-5618

GUIDELINES FOR INFORMATION TO SUBSTANTIATE SWORN STATEMENT BY RESIDENT UNDER 24 P.S. §13-1302

Pursuant to Act 35 of 2001, school districts may, upon adoption by way of a school board policy, request copies of one of the items in each category below, in substantiation of the assertions made in the sworn statement of the resident. If the school district has elected to require substantiating information and advised the resident thereof, then the resident must submit the required documentation along with the statement before the district is required to accept the child as a student. Reasonable information to substantiate the statement shall include the following:

Proof of Residency Requirements

OWN – Current Deed or Mortgage Statement (no more than 3 months old)
RENT – Signed Lease Agreement listing non-parent caregiver and the child(ren) as occupants or letter from property manager/owner acknowledging occupants

PLUS two (2) of the following:

-Utility Bill (no more than 3 months old)
-Internet Bill (no more than 3 months old)
-Credit Card Bill (no more than 3 months old)
-Bank Statement (no more than 3 months old)
-Tax Bill (no more than 3 months old)
-Piece of mail sent in the past 3 months by the federal or state government such as benefits information, voter registration or tax documents

If returning student:

Most recent Federal Tax Return denoting student as your dependent

Please also have your driver's license or photo ID to identify who is enrolling the student(s).

As the resident non-parent caregiver, you must complete a 1302 Affidavit, renewable every school year. This Affidavit must be submitted to the District Administration Office with all of the supporting documents listed above for administrative verification.

This information will be verified by our school personnel. Any false statement/documentation will result in disenrollment of the student(s), and will be punishable by law, relating to unsworn falsification to authorities.

The 1302 Affidavit is a legal document. You may want to consult with an attorney if you have any questions or do not understand any portion of the attached affidavit prior to signing before a Notary Public.

SIGNER INTENDS TO SO KEEP AND SUPPORT THE CHILD CONTINUOUSLY AND NOT MERELY THROUGH THE SCHOOL TERM

Catasauqua Area School District

"Dedicated to Educational Excellence"

201 North 14th Street, Catasauqua PA, 18032 / Phone 610-264-5571 / Fax 610-264-5618

RESIDENCY AFFIDAVIT, 24 PS §13-1302

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Homeowner's Verification

Homeowner's name _____ Home # _____ Cell # _____

Approval has been granted for the above named students to reside with _____
(Homeowner's name)

at _____
(Homeowner's address)

Homeowner's signature _____ Date _____

Landlord's Verification

Landlord's name _____ Home # _____ Cell # _____

Lessee's name _____ Home# _____ Cell # _____

Approval has been granted for the above named students to reside with _____,
(Lessee's name)

at _____
(Lessee's address)

Landlord's signature _____ Date _____

1. Date Student(s) began to reside in your home: _____
2. Name and Address of last school(s) attended: _____

_____

3. Do you intend to keep and support the student(s) continuously and not merely through the school term? YES or NO
4. Are you supporting the student(s) gratis (without personal or financial gain)? YES or NO
5. Who will claim the student(s) as a dependent(s) for state/federal income tax purposes?

_____

Will you assume all personal obligations related to school requirements for the student(s) that may include proving for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent/teacher conferences, attending meetings/hearings concerning discipline, and fulfilling any special education requirements? YES or NO

If no, explain _____

Through my notarized signature, I/we grant the school district permission to investigate the above information that I/we have presented in this affidavit for confirmation and factual accuracy.

I/We verify that all of the information presented and contained in this affidavit is true and correct to the best of my/our knowledge, information and belief. I/We understand that any false statements herein are made subject to the penalties 18 Pa. C.S. 4904, relating to unsworn falsification to authorities.

The Catasauqua Area School District periodically investigates the continuing truth of affidavits submitted under 1302 of the School Code. It is therefore, requested that you not sign the affidavit unless you are certain that the facts set forth in this document are completely true and correct. You should be aware that if the Affidavit you are about to make is not true and correct; you could be subject to criminal penalty for false swearing. False Swearing is a misdemeanor of the Third Degree in Pennsylvania, punishable by a fine of up to $2,500.00, imprisonment for one year, or both. Additionally, you must subject yourself to a civil action for damages if it is later shown that the above child is not properly entitled to free school privileges.

Today's date: _____

_____ _____
Printed Name of Non-Parent Caregiver Signature of Non-Parent Caregiver

_____ _____
Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian

Commonwealth of Pennsylvania:
County of _____:

On this _____ day of _____ 20___, before me, a Notary Public, personally appeared

_____ and _____ known to me (or satisfactorily proven to be) the person(s) is/are subscribed to the within affidavit and acknowledge that he/she executed the same for the purposes contained therein. Sworn and Subscribed to before me, Notary Public.

Notary Signature: _____

My Commission Expires: _____

Superintendent's Signature: _____ Date: _____