Northwestern Lehigh SchoolDistrict
6493 Route 309
New Tripoli, PA18066
www.nwlehighsd.org | 610.298.8661 | @nwlehighsd | #TigerPride

Residency Affidavit

Sworn Statement by Resident under Statute 13-1302

Resident's Name(s)	Name of Spouse
Resident's NWLSD Address	
Resident's Telephone Number	Work Telephone Number
Relationship to Child	
Child's Full Name	
Child's Birth Date	Grade
Name and Address of Last School Attended	
Parent's Name	
Parent's Previous Address	
Parent's Telephone Number	
Date child began/will begin to reside in your home	
Will you assume all personal obligations related to school requirements for this child that may include providing 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 _____ No _____
Are you accepting any payment for the care of the child?	Yes _____ No _____
If yes, please explain	
Do you intend to keep and support the child continuously and not merely through the school term?	Yes _____ No _____

V.2026.11.9

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RESIDENCY AFFIDAVIT - Statute 13-1302

Sworn statement to be filled out by the Northwestern Lehigh Property Homeowner/Lessee

I certify that I am the legal owner or lessee of the property listed below, which is located in the Northwestern Lehigh School District. With this certificate, I am providing two current proofs of residence showing my Northwestern Lehigh School District address. I further swear that the child listed below is living on a full-time basis at that address. I assume responsibility for notifying Northwestern Lehigh School District should the described circumstances change. I am submitting this certificate and making the factual representations contained herein, for the purpose of enrolling the child into the Northwestern Lehigh School District. I understand that the School District is relying upon the facts stated in this certificate and the information I provide in support of this certificate. I understand that the facts as stated are subject to investigation at any time. Should it be determined that any statement made in this certificate is not true, either now or in the future, Northwestern Lehigh School District has the right to remove the student from the Northwestern Lehigh Schools. Furthermore, I am aware that I shall then be liable to reimburse the School District at the tuition rate for the time the child was enrolled.

Child's First Name	Child's Last Name	Child's Birthdate

_____ _____ Full
Name of Property Homeowner/Lessee (Print) Signature of the Property Homeowner/Lessee

_____ _____ Full
Name of Parent(s)/Guardian(s) (Print) Signature of the Parent(s)/Guardian(s)

_____ _____ Street
Address of Northwestern Lehigh Property Relationship of Property Owner to Resident

_____ _____ City
State Zip Telephone Number

Two proofs of residency **must** be provided with this certificate showing the Northwestern Lehigh School District address. Northwestern Lehigh School District reserves the right to re-verify the Residency Affidavit and requires submission of this notarized form **annually** for review. Please note that submission of your prior year's tax return may be required to verify declaration of this dependent.

NOTARY SEAL

_____
Notary Public Signature & Date