

**Walton County School District
Notarized Residency Affidavit**

This form shall be completed for students seeking enrollment in Walton County Schools who live with their parents or legal guardians, but reside in the home of another adult. Residency Affidavits should be resubmitted annually at least two weeks prior to the beginning of each school year.

This form shall be completed by the adult with whom the student and parent/guardian are living and by the parent/guardian.

Section to be completed by parent/guardian

Name of Parent or Guardian: _____

Name of Child(ren): _____

Address of Property: _____

I, the above name parent/guardian, attest to the following:

Please initial below

- The above named child(ren) reside at the address listed above. _____
- I understand that for the purpose of this document, “to reside” is defined as as the primary place of living (where the parent/guardian and child(ren) sleep, keep their clothing and other personal belongings). _____
- I understand that I am required to furnish to the school proof of residence (i.e. rental agreement or sales contract, and a copy of an electric/water/gas bill for that address in the property owner’s address). I am also required to provide a piece of business mail (i.e. cell phone, insurance notification, etc.) sent to me at the above address. _____
- I understand that this statement is being made in order to provide proof of residency so that the above named child(ren) may be admitted to Walton County Public Schools. _____
- The living arrangements are not solely for the purpose of establishing school attendance eligibility. _____
- I am over the age of 18 years of age and competent to testify to the facts and matters set forth herein. _____

I understand that:

- If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the cost incurred by the local system for the period during which the ineligible student is enrolled and shall remunerate Walton County Public Schools as forth in O.C.G.A. 20-2-133 (a). _____
- If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney’s fees incurred by the Board of Education in the collection of same. _____
- I may be prosecuted, held criminally liable and imprisoned for not less than _____

one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. 16-9-1.

- I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1000 or by imprisonment for not less than one nor more than five years, or both if I am found guilty of false swearing pursuant to O.C.G.A. 16-10-71. _____
- By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions. _____

I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information and belief.

Signature of Parent/Guardian

State of: _____, County of: _____

I, _____, a Notary Public for said county and state do hereby certify that _____ & _____ personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and Official Seal, this _____ day of _____, 2_____

Signature of Notary

Seal

Section to be completed by person(s) allowing others to reside with them in their home.

I, _____, attest that the above named parent/guardian and child(ren) live with me at _____
street address city state zip county

I also attest to the following:

Please initial below

- The living arrangement is not solely for the purpose of establishing school attendance eligibility. _____
- I may be prosecuted, held criminally liable and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. 16-9-1. _____
- I may be prosecuted, held criminally liable, and punished by a fine of not more _____

than \$1000 or by imprisonment for not less than one nor more than five years,
or both if I am found guilty of false swearing pursuant to O.C.G.A. 16-10-71.

I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information and belief.

Signature of affiant (adult with whom the child/parent is living)

State of: _____, County of: _____

I, _____, a Notary Public for said county and state do hereby certify that _____ & _____ personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and Official Seal, this _____ day of _____, 2_____

Signature of Notary

Seal

NOTICE: The Superintendent of Walton County School District or his or her designee may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the county public school system. The audit may also include a personal visit by a school district social worker or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school.

Acknowledgment:

Parent/Guardian Signature

Date