



AFFIDAVIT OF RESIDENCY

Date parent/legal guardian started residing at address: _____

Full name of parent/legal guardian(s): _____

Home phone: _____ Work phone: _____ Cell phone: _____

Current address: _____

Children Currently Residing at Address	Date of Birth	APS School Enrolled
_____	_____	_____
_____	_____	_____
_____	_____	_____

Affidavit of Residency

Before the undersigned officer, and being first duly sworn, I depose and state as follows:

1. That I am the parent/court appointed legal guardian of each child listed above.
2. That each child listed above resides with me full time at the address listed above.
3. That I understand that I must notify Atlanta Public Schools within 14 days if I change residence or if any child listed above should change residence.
4. That I understand that representatives of Atlanta Public Schools may visit my home to verify residency.
5. That I understand that a student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that making false statements or submitting false documentation to the Atlanta Public Schools and false swearing is a violation of O.C.G.A. §16-9-2, §16-10-20 and/or §16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71.

 Signature of the Parent/Legal Guardian Date Signature of the Notary Public Expiration Date

OWNER/LANDLORD/PRIMARY RENTER AFFIDAVIT – The below section should be completed ONLY when the registering parent/legal guardian does not have a proof of residency in his/her name and lives with another City of Atlanta resident.

Full Name of Owner/Landlord: _____ Contact Phone #: _____

Current Address: _____

(You must provide a copy of your proof of residency to Atlanta Public Schools along with this form)

Before the undersigned officer, and being first duly sworn, I depose and state that:

1. I am the legal owner, landlord or renter of the property listed above.
2. The persons listed above in this document reside with me full time or have my consent to live full time at the address above.
3. I understand that I must immediately notify Atlanta Public Schools if any person listed in this document should change residence.
4. I understand that representatives of Atlanta Public Schools may visit my home to verify residency of the persons listed above.
5. I understand that a student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. I understand that making false statements or submitting false documentation to the Atlanta Public Schools and false swearing is a violation of O.C.G.A. §16-9-2, §16-10-20 and/or §16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71.

 Signature of the Primary Owner/Renter Date Signature of the Notary Public Expiration Date

This affidavit should not be utilized for homeless students. Please see Board Policy JBC(1) and Administrative Regulation JBC(1)-R, Homeless Students.

LEASE VERIFICATION FORM



Dear Residence Manager, Landlord, or Agent:

Atlanta Public Schools received a lease from the below name person(s) and they have specified you and/or your company as the present landlord. We would appreciate your response to the following questions below at your earliest convenience. If you have additional information that may help in our decision, please feel free to comment or give us a call at 404-802-_____ or email us at _____@atlantapublicschools.us

RESIDENT(S) NAME: _____

OTHER OCCUPANT(S): _____

ADDRESS: _____

Manager, Landlord or Agent Name: _____ Phone #: _____

Fax: _____

I do hereby authorize the Manager, Landlord or Agent, to release the requested information to Atlanta Public Schools for their review. I also understand that representatives of Atlanta Public Schools may visit my home to verify residency. I understand and agree that this information may include names, addresses, or dates of birth of any/all lessees/occupants, move-in and/or move-out dates and dates of the Lease.

I certify under penalty of perjury that I am a resident of the above stated address and the information I submitted in support of my child's enrollment is complete and accurate. I understand that my child may be withdrawn from his or her assigned school if incomplete, inaccurate or false information is provided. I also understand that I must notify the school office within 10 days if my residence changes.

Signature Date

Signature Date

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Residency Status:

___ Current resident ___ Not a current resident ___ Has never been a resident
Lease Expires: _____ Lease Expired: _____

Comment: _____

Signature (Authorized Manager, Landlord, or Agent Responding) Date