



DECLARATION 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Declaration of Residency

By signing below, I attest and agree to the following:

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a student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.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

OWNER/LANDLORD/PRIMARY RENTER – 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)

By signing below, I attest and agree to the following:

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

This form should not be utilized for homeless students. Please see Board Policy JBC(1) and Administrative Regulation JBC(1)-R, Homeless Students.
**This Declaration of Residency form is only valid for enrollment or registration requirements completed up until August 1, 2020. On August 1, 2020 and continuing thereafter, the notarized affidavit of residency requirement according to Amin. Reg JBC-R(2) - School Admissions - Enrollment Requirements will be reinstated.*