

Tredyffrin/Easttown School District

940 West Valley Road, Suite 1700, Wayne, PA 19087 Phone: 610-240-1900

SWORN STATEMENT BY RESIDENT UNDER §13-1302 (TO BE COMPLETED BY RESIDENT ONLY)

Instructions: Please complete the following statement ("Affidavit"). If the student is living or will be living in a household with more than one resident adult who will assume responsibility for the student, all such residents must complete and sign this Affidavit. **Please note this Affidavit EXPIRES on June 30 of each year and must be renewed annually.**

This is a legal document. You may ask to see a copy of 24 P.S. §13-1302 prior to signing this document and consult with an attorney if you have any questions or do not understand any portion of this document.

Providing false information in this Affidavit is a criminal offense. A person who provides false information shall, upon conviction, be sentenced to pay a fine of up to \$300 and/or perform up to two-hundred forty (240) hours of community service, in addition to being required to pay all court costs and the cost of tuition during the period of unlawful enrollment (approximately \$70 per day per child). The student will also be removed/expelled from school in accordance with Board policy.

1. Your Name _____ Name of Spouse _____
Home Address _____
Home Telephone Number _____ Work Number _____

2. Child's Full Name _____
Birth Date _____ Grade _____
Name & Address of Last School Attended _____

Date child began/will begin to reside in your home? _____

3. Are you supporting the child gratis (without personal compensation or gain)? Yes _____ No _____

4. Do you intend to keep and support the child continuously, and not merely through the school term? Yes _____ No _____

5. Will anyone contribute to the child's support? Yes _____ No _____
If yes, explain. _____

6. 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 _____

7. Will you assume responsibility for making all education decisions? Yes _____ No _____

I grant the District permission to investigate the information I have presented in this Affidavit, as it deems necessary, to confirm its factual accuracy.

Signature of Resident: _____

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RESIDENCY AFFIDAVIT, 24 PS §13-1302

I/We attest that all information provided in the attached Affidavit and below is correct and current. I/We understand that if STUDENT'S NAME'S living situation or circumstances change for any reason, it is my/our responsibility to notify the District immediately and to amend the Affidavit accordingly. I further understand that providing false or inaccurate information in the Affidavit is a criminal offense punishable by law.

I/We, _____, currently reside at
(Resident's name)

Address _____

Phone _____

Homeowner's Verification

Homeowner's name _____ Telephone number _____

Approval has been granted for _____ to reside with
(Child's name)

_____, at the address identified above.
(Resident's name)

Homeowner's signature _____ Date _____

Landlord Verification

Landlord's name _____ Telephone number _____

Approval has been granted for _____ to reside with
(Child's name)

_____, at the address identified above.
(Resident's name)

Landlord's signature _____ Date _____

Through my notarized signature, I/we grant the District permission to investigate the above and attached information that I/we have presented in this Affidavit for confirmation and factual accuracy. I will be responsible for any tuition due to Tredyffrin/Easttown School District for any period of time that STUDENT'S NAME attended T/E schools unlawfully.

(Signature of Resident)

County of _____ State of _____

_____ Sworn before

me this day of _____ in the

presence of : _____

(Notary)