



Haralson County School District Affidavit of Residency

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

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

Current Address: _____
Street City State Zip

Children Currently Residing at Address	Date of Birth	Haralson County School Enrolled
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Affidavit of Residency

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

1. I am the parent/court appointed legal guardian of each child listed above.
2. Each child listed above resides with me full time at the address listed above.
3. I understand that I must notify Haralson County School within 14 days if I change residence or if any child listed above should change residence.
4. I understand the representatives of Haralson County Schools may visit my home to verify residency.
5. I understand that a student enrolled in Haralson County School under falsified information is illegally enrolled and will be immediately withdrawn from school.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 Haralson County Schools and false swearing is a violation of O.C.G.A. 16-10-20 and or 10-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both O.C.G.A. 16-10-71.

Signature of Parent/Legal Guardian Date Signature/Seal 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 Haralson County resident.

(You must provide a copy of your proof of residency to Haralson County School along with this form)

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

Current Address: _____

Before the undersigned officer, and being first duly sworn, I disclose and state the following:

1. I am the legal owner, landlord or renter of the property listed above.
2. The person listed above in this document resides with me full time or has my consent to live full time at the address above.
3. I understand that I must immediately notify Haralson County Schools if any person listed in this document should change residence.
4. I understand that representatives of Haralson County Schools may visit my home to verify residency of the persons listed above.
5. I understand that a student enrolled in Haralson County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that making false statement or submitting false documentation to the Haralson County Schools and false swearing is a violation of O.C.G.A. 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 or by imprisonment for not less than one nor more than five year, or both O.C.G.A. 16-10-71.

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