

Rockdale County School Public Schools
Affidavit of Residency

Full names of parents/guardians: _____

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

Current full-time address: _____

Children	Date of Birth	Children	Date of Birth

The undersigned, first being duly sworn, and under penalty of law deposes that all the information given in this Affidavit as follows is true and correct.

1. I am the parent/court appointed guardian/legal custodian of each child listed above. _____(Initial)
2. Each child listed above resides with me full-time at the address listed above. _____(Initial)
3. I and the children listed above are bona fide, full time residents of Rockdale County, Georgia. _____(Initial)
4. I understand that it is the policy of the Rockdale County School District to admit only students living within its boundaries. _____(Initial)
5. I understand a student enrolled in Rockdale County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school. I further understand that a parent is legally responsible for tuition of a student illegally attending school. If past tuition is collected by an attorney, I understand that the parent is legally liable for all expenses of litigation, including attorney's fees. _____(Initial)
6. I will immediately notify my child's school if our residence changes. _____(Initial)
7. **I understand that making false statements or submitting false documentation to the Rockdale County School District and false swearing is a violation of O.C.G.A. § §16-10-20 and/or 16-10-71 and is 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. _____(Initial)**

Sworn to and subscribed before me this ____ day of _____, 20____. _____ Signature of Notary Public	This ____ day of _____, 20____. _____ Signature of Parent/Guardian
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The following section should be completed when the registering parent does not have a proof of address in their name and resides with another Rockdale County resident.

1. I am the legal owner or property manager of the property listed above. _____(Initial)
2. The persons listed in this document are residing with me and/or have my consent to live full time at the address listed above. _____(Initial)

Sworn to and subscribed before me this ____ day of _____, 20____. _____ Signature of Notary Public	This ____ day of _____, 20____. _____ Signature of Owner/Property Manager _____ Printed Name Phone number: _____
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