

AFFIDAVIT OF RESIDENCY FORM THIS DOCUMENT WILL NOT BE ACCEPTED IF NOT COMPLETELY FILLED OUT

l,		, am the legal parent/guardian of the minor child,		
	, DOB:	, a student	enrolled in the	
Macklanhurg County Public School System				

Mecklenburg County Public School System.

I hereby certify that I reside at the following street address,						
town	zip code	, in Mecklenburg County, Virginia; that I am a resident of				
Mecklenburg Count	y, Virginia; and that the above-nar	ned child resides with me and will continue to reside with me at the				
address indicated a	bove for the foreseeable future.	have physical custody of this child.				

I understand that enrollment of my child is based on my certification and that if this certification is false I may be liable for payment of tuition. I also agree to notify the school principal of any change in residency of the above named child within three (3) days. I understand that a home inspection may be made to verify residency. I understand that I can be charged with a Class 4 misdemeanor for knowingly making a false statement concerning the residency of a child in a particular school division or school zone.

PROOF OF RESIDENCY: This form must be accompanied by A) a current driver's license or DMV ID, B) a Deed or Lease agreement, and C) One of the following: Current Utility Bill issued within the last 3 months, Voter Registration, Auto Registration, Payroll stub current within the last 3 months, or Personal Property Tax receipt. These documents must have the address you are currently claiming as your residence.

If you have lived at this residence for less than 30 days, you will be given temporary enrollment at the time of registration and will have 30 days to provide the required information. Failure to provide required documentation will result in the withdrawal of your child from school.

By signing below, I affirm that the information above is true and accurate under penalty of Section 22.1-3.2 of the Code of Virginia.

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