

Chestnut Ridge School District

3281 Valley Road
Fishertown, Pa 15539

Phone: 814-819-4195

Fax: 814-839-2088

Affidavit of Residency

I do hereby swear that I _____, and the child I am enrolling,
_____, both reside in the **Chestnut Ridge School District**.

My address is _____.

I fully understand that the school district may make an independent investigation to assure that the residency I am claiming is legitimate.

I UNDERSTAND THAT IF THE INFORMATION FURNISHED IS UNTRUE, I WILL BE LIABLE FOR THE NORMAL TUITION PAYMENT LEVIED BY THE SCHOOL DISTRICT AS PER THE CHESTNUT RIDGE SCHOOL DISTRICT'S POLICY ON TUITION CALCULATION. I UNDERSTAND THAT I WILL BE LIABLE FOR TUITION PAYMENTS FOR EACH CHILD, FOR EACH MONTH OR PORTION THEREOF THAT CHILD ATTENDS THE SCHOOL DISTRICT.

I understand that false statements herein are made subject to the penalties of 18 P.A.C., Section 4904, relating to unsworn falsification to authorities.

Date Signature of Applicant _____(seal)

Telephone Number

Sworn to and subscribed before me this ____ day of _____, 200__.
(Date) (Month)

Notary