

AFFIDAVIT OF GUARDIANSHIP/RESIDENCY

SCHOOL PRIVILEGES (2 Pa code 11.19)

Directions:

1. Resident who will be responsible for child/children complete PART 1 of questionnaire.
2. Resident who will be responsible for child/children complete and sign Affidavit of Resident Part 2, and have affidavit notarized.
3. Parent or parents of child/children complete and sign Affidavit of Parent(s) Part 3, and affidavit notarized.
4. Return completed questionnaire and affidavits to office where student is enrolling.

ANY ADMISSION OF CHILD BY SCHOOL AUTHORITIES WILL BE TENTATIVE AND SUBJECT TO FINAL DECISION OF THE SUPERINTENDENT AND/OR BOARD OF SCHOOL DIRECTORS. APPLICATION/REAPPLICATION SHALL BE MADE ON AN ANNUAL BASIS. INCLUDE A COPY OF ANY RELEVANT LEGAL DOCUMENT SUCH AS COURT ORDERS AND/OR CUSTODY AGREEMENTS.

District Resident

**PART 1
INFORMATION SUBMITTED BY APPLICANT**

1. District Resident _____
2. Name of child/children. Include date and place of birth.

3. Are you related to the child? _____ Yes _____ No
4. If so, how are you related?

5. Give reason for applicant desiring to keep child/children.

6. Is father living? _____ Yes _____ No

 If yes, his name

 father's address

 Father's Social Security Number

7. Is mother living? _____ Yes _____ No

 If yes, her name

 mother's address

 mother's Social Security Number

8. Why is child not living with one or both parent(s)?

9. Will parent(s) contribute anything for child support either in money or clothing, etc.?
 _____ Yes _____ No % of support _____

10. Will you receive welfare, public assistance, or any other form of aid or payments from one or both parents for this child? _____ Yes _____ No

11. Will parent(s) claim child/children as dependent(s) for federal or state income tax reporting purposes?
 _____ Yes _____ No

12. What is anticipated length that applicant plans to keep child? _____

13. Will child customarily return to parent(s) during vacation? _____ Yes _____ No

14. Will child continuously sleep over night at applicant's residence? _____ Yes _____ No

15. Who is the legal guardian of the child? _____

16. Who has legal custody of the child? _____

17. Who has the right to make all educational decisions for the student?

Name _____

Address _____

Phone _____

NOTE: All questions must be answered to the best of your knowledge. Please be aware that all information related to this application will be submitted to the school district in which the legal guardian reside, for verification and notification purposes.

_____ (seal)
Date _____ Signature _____

Sworn to and subscribed before me this _____ day of _____, 20____
(Date) (Month) (Year)

Notary

Chestnut Ridge School District
3281 Valley Rd
Fishertown, PA 15539

Phone: 814-839-4195

Fax: 814-839-2088

**PART 2
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 **Chestnut Ridge School District** may make an independent investigation to assure that the residency I am claiming is legitimate.

I/WE UNDERSTAND THAT IF THE INFORMATION FURNISHED IS UNTRUE, I/WE WILL BE LIABLE FOR THE NORMAL TUITION PAYMENT LEVIED BY THE CHESTNUT RIDGE SCHOOL DISTRICT AS PER THE 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 THE CHILD ATTENDS THE CHESTNUT RIDGE SCHOOL DISTRICT.

As a reminder **INCLUDE A COPY OF ANY RELEVANT LEGAL DOCUMENT SUCH AS COURT ORDERS AND/OR CUSTODY AGREEMENTS.**

I/We 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

_____ (seal)
Signature of Applicant

Telephone Number

Sworn to and subscribed before me this _____ day of _____, 20____.
(Date) (Month) (Year)

Notary

Chestnut Ridge School District
3281 Valley Rd
Fishertown, PA 15539

Phone: 814-839-4195

FAX: 814-839-2088

**PART 3
AFFIDAVIT OF PARENT(S)**

I/we, parents of _____
(child or children), certify that I/we have read the above information in Part 1 submitted by the applicant and also the affidavit necessary to be submitted by the applicant and find that the information contained therein is correct, and that I/We give our permission for said child/children to be placed under responsibility of the above applicant as though said child/children were his or her own (to include the right to make all educational decisions for my/our children), AGREEING THAT THE APPLICANT ASSUMES ALL PERSONAL OBLIGATION FOR SAID CHILD/CHILDREN RELATIVE TO SCHOOL REQUIREMENTS AND WITH THE UNDERSTANDING THAT IT IS HIS OR HER INTENTION OF SUPPORTING THE CHILD/CHILDREN CONTINUOUSLY AND NOT MERELY THROUGHOUT THE SCHOOL TERM.

I/WE AM/ARE NOT CLAIMING THAT SAID CHILD/CHILDREN AS DEPENDENT FOR PURPOSES OF FEDERAL INCOME TAX, PUBLIC ASSISTANCE, FOOD STAMPS, ETC.

I/We fully understand that the Chestnut Ridge School District may make an independent investigation to make certain that the guardianship I am claiming for applicant is a legitimate one.

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

I/WE FURTHER ACKNOWLEDGE AND AGREE THAT THE PERSON WITH WHOM MY CHILD/CHILDREN IS/ARE RESIDING IS IMPOWERED AND HAS FULL LEGAL AUTHORITY TO MAKE ALL EDUCATIONAL DECISIONS FOR MY/OUR CHILD/CHILDREN.

INCLUDE A COPY OF ANY RELEVANT LEGAL DOCUMENT SUCH AS COURT ORDERS AND/OR CUSTODY AGREEMENTS.

I/WE 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 _____ (seal)

_____ telephone number

Sworn to and subscribed before me this _____ day of _____, 20____.

(Date) (Month) (Year)

_____ Notary