CHARTIERS-HOUSTON SCHOOL DISTRICT

2020 West Pike Street, Houston, PA 15342

VERIFICATION OF RESIDENCY OF PARENTS/GUARDIANS OF STUDENT ATTENDING CHARTIERS-HOUSTON SCHOOL DISTRICT

Pursuant to the Public School Code the Chartiers-Houston School District has the right to confirm the residency, within the School District, of parents/legal guardians of a student attending school in the School District, and the residency of the student himself/herself.

	Information Pertaining to Student				
Student's Name:					
Date of Birth:	Place of Birth:				
Current Address:					
Street					
City	State	Zip Code			
School District		·			
Grade Level					
		· · · · · · · · · · · · · · · · · · ·			
-	Information Pertaining to FATHER				
Father's/Guardian's Name					
Current Address:		<u>-</u>			
Current Address:Street					
City	State	Zip Code			
Telephone Number					
Information Pertaining to MOTHER					
Mother's/Guardian's Name		_			
Current Address:					
Street					
City	State	Zip Code			
Telephone Number		····			

AFFIDAVIT, ACKNOWLEDGMENT AND AUTHORIZATION

I/we, _				for the	
rnoc	se of enrolling	parent(s)/guardiar			
		rollmont of such stude	, as a student in		
			nt and pursuant to Section 12-1302 of the P sworn and falsification to authorities as fol		
1.	That I/we reside at		. whi	ch is located within	
	the Chartiers-Houston School District, the	at I/we will, on request, fu	irnish such documentation as may be required by	the School District	
	which will include, but not be limited to, leases or other information to establish s	Per Capita Tax receipts, E	arned Income Tax receipts, Property Tax receipts	, Income Tax returns,	
2.			, also lives with me/us a	at the above	
	referenced address.				
3.	That I/we am/are responsible for all pers	sonal obligations for the al	oresaid student relative to school requirements.		
4.	That I/we intend to so keep and support said student continuously and not merely through the school term.				
5.	That, by signing this Affidavit, I/we do he	reby authorize the Chartie	ers-Houston School District to report the fact that	t said student is	
	residing with me/us in the Chartiers-Hou	ston School District to the	proper State and Federal authorities, including,	but not limited to, th	
	Internal Revenue Service and Social Secu	rity Administration.			
6.	I/we also acknowledge that if this Affiday	it is found to be false, tha	t I/we will be responsible to pay the tuition estab	olished by the Board	
	School Directors of the Chartiers-Houston	n School District for the pe	riod said student was in attendance in the Charti	iers-Houston School	
	District, as well as any and all costs and a due.	ttorneys fees necessary to	establish the true residence of the student and	to collect the tuition	
	uue.				
7.	That by signing this Affidavit I/we do here	eby authorize the Chartier	s-Houston School District to have access to any a	nd all of my/our	
	records which might be related to the est	tablishment of residency i	n relation to said student.		
N WITN			ICE OF A NOTARYday of, 20		
/ITNES			SIGNATURE:	·——·	
			JIGHATORE.		
ОММС	DNWEALTH OF PENNSYLVANIA)	SS			
OUNTY	OF WASHINGTON)				
efore n worn ac	ne, the undersigned officer, personally appo ecording to law, deposes and says that the i	eared the above-named re items set forth in the fore	esident(s) of the Chartiers-Houston School Distric going statement are true and correct.	t, who, being duly	
Si	gnature of parent/guardian	SS#	Signature of parent/guardian	SS#	
worn to	and subscribed before me				
is	day of				
onatur	e and Seal of Evecuting Officer				