

____ Check here if new address.
Please attach proofs of residence.

State of Georgia - County of Fulton
Affidavit of Residence for All Students *other than
New Enrollees and Students Entering 6th or 9th Grade

The undersigned, first being duly sworn, deposes and states that he/she is the parent/guardian of _____
_____, and said student lives with the undersigned, and that both
Student
Student
the student and the undersigned are bona fide full time residents of Fulton County and that they reside at

_____,
Street **City** **Zip Code**
Fulton County, Georgia with _____
Name of homeowner/apartment lessee

The undersigned further agrees that he/she will notify the Fulton County Board of Education if the parent and/or student ever terminate the above residence in Fulton County while the student is enrolled in a Fulton County school.

If it is determined that the student does not live in the appropriate school district, he/she will be withdrawn from school immediately.

_____ Signature of Parent/Guardian	_____ Signature of Homeowner/Apartment Lessee
_____ Print Name of Parent/Guardian	_____ Print Name of Homeowner/Apartment Lessee

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

(Notary Public) My Commission expires _____

***False swearing is a violation of the laws of the State of Georgia, punishable by a fine of not more than \$1,000, or by imprisonment for not less than one nor more than five years, or both. Georgia Code (O.C.G.A. 16-10-71).**

Grade: _____

School Name: _____