

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 _____
Student
 _____, and said student lives with the undersigned, and that both
 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If it is determined that the student does not live in the appropriate school district, he/she will be withdrawn from school immediately.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 _____, 200__.

 (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: _____ Hembree Springs Elementary _____