

State of Georgia
County of Fulton
***Affidavit of Residence for**
All Students other than New Enrollees or 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 the student and the undersigned are bona fide full time residents of Fulton County and that they reside at

Street Address, 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If it is determined that the student does not live in the appropriate school district, he/she will be withdrawn from school immediately.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 _____, 201__.

(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. 161071).

Grade: _____
School Name: Hillside Elementary School