



AFFIDAVIT OF RESIDENCY

Date parent/legal guardian started residing at address: _____

Full name of parent/legal guardian(s): _____

Home phone: _____ Work phone: _____

Current address: _____

Children Currently Residing at Address	Date of Birth	APS School Enrolled

Affidavit of Residency

Before the undersigned officer, and being first duly sworn, I depose and state as follows:

1. That I am the parent/court appointed legal guardian of each child listed above.
2. That each child listed above resides with me full time at the address listed above.
3. That I understand that I must notify Atlanta Neighborhood Charter School (ANCS) within 14 days if I change residence or if any child listed above should change residence.
4. That I understand that representatives of ANCS may visit my home to verify residency.
5. That I understand that a student enrolled in ANCS under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that making false statements or submitting false documentation to the ANCS and false swearing is a violation of O.C.G.A. §16-9-2, §16-10- 20 and/or §16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71.

 Signature of Parent/Legal Guardian Date Signature/Seal of the Notary Public Expiration Date

OWNER/LANDLORD/PRIMARY RENTER AFFIDAVIT – The below section should be completed ONLY when the registering parent/legal guardian does not have a proof of residency in his/her name and lives with another City of Atlanta Resident.

Full Name of Owner/Landlord: _____ **Contact Number:** _____

Current Address: _____

(You must provide a copy of your proof of residency to Atlanta Public Schools along with this form)

Before the undersigned officer, and being first duly sworn, I depose and state that:

1. I am the legal owner, landlord or renter of the property listed above.
2. The persons listed above in this document reside with me full time or have my consent to live full time at the address above.
3. I understand that I must immediately notify ANCS if any person listed in this document should change residence.
4. I understand that representatives of Atlanta Public Schools may visit my home to verify residency of the persons listed above.
5. I understand that a student enrolled in ANCS under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. I understand that making false statements or submitting false documentation to the ANCS and false swearing is a violation of O.C.G.A. §16-9-2, §16-10-20 and/or §16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71.

 Signature of Parent/Legal Guardian Date Signature/Seal of the Notary Public Expiration Date