Please complete this form if you are **UNABLE** to provide both proofs of residency in your name.



Affidavit of Residency

Full name of Parent /Guardian: Current Full Time Address: Student(s) Name		Contact Phone #:		
		City/State/Zip:		
		Date of Birth	School Attending	
		-		
A.	Affidavit of Resident			
	he undersigned officer, and being first du	ly sworn. I denose and state as	e follows:	
1.	That I am the parent / court appointed g			
2.	That each child listed above resides wit			
3.	That I understand that I must immediate			child
	listed above should change residence.	,,,		
4.	That I understand that representatives o	f Forsyth County Schools may	visit my home to verify residency	, and
	I hereby voluntarily consent to such vis		· · · · · · · · · · · · · · · · · · ·	•
5.	That I understand that a student enrolled		nder falsified information is illegal	lly
	enrolled and will be immediately withd	rawn from school.		
6.	That I understand that false swearing is			ine of
	not more than \$1,000.00 or by imprisor			
	O.C.G.A. 16-10-71.That I understand the			e as
	required by the Forsyth County Board of	of Education (BOE Policy JBC	(AA).	
	Signature of the Parent / Guardia	n	Date	
	Signature of the Notary Public		Expiration Date	
B. Aff	idavit of Owner / Landlord (Please Pri	nt)		
Full Name of Owner/Landlord:		Co	ntact Phone #:	
Current Full Time Address		City/State/Zip:		
			y/State/Zipi	
	f residence documentation	a of wasiday ay to Eagaith C	owate Colorala along with this fo	\
	<mark><i>ust provide a copy of your two proofs</i> rent (within the last 60 days) utility b</mark>			
	AND			
Dee	ed, Settlement Statement, Mortgage S	tatement, Property Tax Sta	tement, <u>or</u> Lease/Rental Agreer	пепі
Before t	he undersigned officer, and being first du	ly sworn, I depose and state as	s follows:	
1.	\mathcal{E}			
2.	That the persons listed in this document	t are residing with me or have	my consent to live full time at the	
	address listed above.			
3.	That I understand that I must immediate	ely notify Forsyth County Sch	ools if any person listed in this	
4	document should change residence.	f Foresith County Schools may	v viait may bom a to vomify madidamay	. of
4.	That I understand that representatives o the persons listed in this document, and			01
5.	That I understand that a student enrolled			11v
٥.	enrolled and will be immediately withd		maci faisified information is megal	пу
6.	That I understand that false swearing is		State of Georgia, punishable by a fi	ine of
	not more than \$1,000.00 or by imprisor O.C.G.A. 16-10-71.			
7.	That I understand that this affidavit will	be in effect until the parent /	guardian provide proof of residence	e as
, -	required by the Forsyth County Board of			-
	Signature of the Primary Owner/Rent	 er	Date	
	5		2	
	Signature of the Notary Public		Expiration Date	