



West Allegheny School District

FINDLAY TOWNSHIP • NORTH FAYETTE TOWNSHIP • OAKDALE BOROUGH

WEST ALLEGHENY SCHOOL DISTRICT AFFIDAVIT OF RESIDENCY

Name of Parent (s)/Legal Guardian (s) - **Please Print** _____

Street Address _____

1. I am the parent or legal guardian of the below-named child (ren) who reside in the West Allegheny School District in a home/apartment/room owned or leased by a West Allegheny School District resident with whom we live.

Name (s) of Child (ren): - Please Print

Date of Birth

2. An Affidavit of the owner of the home/apartment/room owned or leased by a West Allegheny School District resident is attached.
3. I assume full responsibility for notifying the West Allegheny School District immediately should any of the above circumstances change.
4. I swear or affirm that I am living with: _____ on a permanent basis as a multiple occupant and declare that I am a resident of the West Allegheny School District.
5. I swear or affirm that all motor vehicle registrations, my driver's license, state and federal income tax, per capita tax, and other jurisdictional taxes, voter registration, utility bills, applicable maintenance fees, and the like, reflect my West Allegheny School District residency.
6. I hereby swear or affirm that I am legally residing at the residence in question and that the child (ren) in question are there on a full-time basis.
7. I recognize that as with all students who are attending the West Allegheny School District on the strength of an Affidavit, whether student-supported or multiple occupancy, the District reserves the right and has the right to conduct reviews throughout the year to verify compliance with respect determined that any conditions of the Affidavit are not met, I recognize that I shall be or we shall as parents be liable to reimburse the West Allegheny School District at the then current tuition rate for those days that the child(ren) attended the West Allegheny School District while not being residents, in addition to legal fees, court costs, and administrative costs that may be imposed by the District. The District further reserves the right to conduct any administrative hearings, as required, and to compel the production of documents at any time.

8. The foregoing statements are true and correct.
9. **I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF THE CRIMES CODE, CHAPTER 49, SUBCHAPTER A, SECTIONS 4901 TO 4904, RELATING TO PERJURY AND FALSIFICATION IN OFFICIAL MATTERS.**
10. I have read and understand all of the above information.

Signature of Parent(s) or Legal Guardian(s)

Phone

Relationship to Child(ren)

Notary Public Seal:

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

County and State:

Notary Public

My Commission Expires:

FORM OF AFFIDAVIT

Commonwealth of Pennsylvania

SS:

County of _____

Before me the subscriber personally appeared _____

(Resident's Name)

to me known, who being duly sworn according to law, doth depose and say _____

and further deponent sayeth not.

Sworn and subscribed to before me this _____

(Signature of Resident)

_____ day of _____ 20____

Notary Public