



Attachment B

STAFFORD COUNTY PUBLIC SCHOOLS

AFFIDAVIT FOR RESIDENCY

TO BE COMPLETED BY LEASEHOLDER OR HOMEOWNER

I, _____ hereby affirm and swear that the adults and their children listed below live in my residence at the following address:

Number	Street Name	Apt. #
City	State	Zip

Parent/Guardian Name: _____

Student Names: _____

I understand that enrollment of the students named above is based on my statement that the students live in my residence. Under § 22.1-264.1 of the Virginia legal code it is a class 4 misdemeanor for knowingly making a false statement concerning the residency of a child in a particular school division or school attendance zone if the purpose is to enroll the student in a school outside of the attendance zone for which the student resides. If the student is found to not be living in this residence the student will be withdrawn from the attending school and required to attend the school in the attendance zone for which the student lives.

PROPERTY DEED OR LEASE AGREEMENT MUST ACCOMPANY THIS AFFIDAVIT

Printed Name of Homeowner or Leaseholder _____

Phone Number _____

Signature of Homeowner or Leaseholder _____

Date _____

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Subscribed and sworn before me on this _____ day of _____, 20____.

State: _____ County: _____ My commission expires on _____.

Witness my hand in official seal.