

Coweta County School System

Affidavit of Residence*

The undersigned, first being duly sworn, deposes and says that he/she is the parent/guardian of the student or students listed below and said student or students live with the undersigned, and that both the student or students and the undersigned are bona fide fulltime residents of Coweta County and that they reside at (Complete Residence Address) _____, Georgia with (List Name of Residence Owner/Lessee) _____.

If you are an employee of the school system, please list the county of your residence _____.

Parent needs to ensure that each student listed has a copy of this affidavit on file at the student's school.

<u>Student's Name</u>	<u>Grade</u>	<u>Name of school attending in 2018-2019</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Previous home address/phone number/name of school

Signature of Parent/Guardian

Home Phone Number

Cell Phone Number

(Notary Seal)

Sworn to and subscribed before me this

_____ day of _____, 20_____

(Notary Public)

***Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement, in any matter within the jurisdiction of any department or agency of the government of any political subdivision of this State, including a school system, shall, upon conviction thereof, be punished 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. Ga. Code §16-10-20.**

I have read and understand the foregoing statement.

Parent/Guardian Initials