

Affidavit of Residency
STATEMENT OF PARENT(S)/GUARDIAN(S)
(The parent/guardian of the student to be enrolled must complete this form)

I hereby affirm that I am residing with _____
(Name of Prince William County Resident)

(Address) (Home Phone) (Work Phone)

The names of my children also residing with me at the above address are:

NAME:	SCHOOL ATTENDING:

I understand that enrollment of my child(ren) in Prince William County Public Schools (PWCS) is based on my statement, and if this statement is false, I understand that I may be liable for payment of full tuition for my child(ren). I hereby waive my rights to confidentiality of information relative to my residence and understand that PWCS will use whatever legal means it has at its disposal to verify my residence. Under § 221.1-264.1 of the Virginia Code, any person who knowingly makes a false statement concerning the residency of a child for the purpose of avoiding tuition, shall be guilty of a Class 4 misdemeanor. I also agree to notify the principal or designee of any change in the residence of myself or my child(ren) within three days of such change.

Printed Name of Parent/Guardian (Home Phone) (Work Phone)

Signature Date

I hereby certify that on this _____ day of _____, the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true to the best of their knowledge, information, and belief, under the penalty of perjury.

My Commission Expires ____/____/____ Notary Public _____

Date Received by School Personnel

School Personnel Signature