

## Affidavit for Resident/Nonresident Dependent Children

This affidavit must be properly executed and approved by the Director of Elementary Education BEFORE the child may be registered by the school district. All affidavits must be renewed annually. Should subsequent investigation determine misrepresentation of this affidavit, the child will lose the privilege of attending the North Penn School District and the accrued tuition costs must be paid.

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

School to be Attended \_\_\_\_\_ Grade \_\_\_\_\_

Previous School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Date child began/will begin to reside in your home \_\_\_\_\_

I intend to keep and support the child continuously and not merely through the school term.

I hereby swear that my permanent place of residence is in the North Penn School District and I am providing full financial support without any form of compensation or reimbursement.

I will assume all personal obligations related to school requirements for this child that may include: providing the required immunizations, fees/fines, attending meetings concerning the student and fulfilling any special education requirements.

I will assume the responsibility and obligation for making all education decisions.

I agree to notify the school in writing of any change in guardianship.

\_\_\_\_\_  
Name of Resident with Whom Child Will Reside

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Notary Public or Justice of Peace

\_\_\_\_\_  
Relationship to the Child

Cc: Principal

School District Tax Office

Affidavit Approved \_\_\_\_\_

Affidavit Rejected (Reasons) \_\_\_\_\_

Signature \_\_\_\_\_

Director of Elementary Education

# Home and School Visitor's Affidavit Investigation Report

I. Dates of Investigation: \_\_\_\_\_  
Home Visit to District Resident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Method(s) of Verification of Student Residence in District at Address of Resident:

- a. Student interview: \_\_\_\_\_
- b. Lease: \_\_\_\_\_
- c. Apartment Manager Interview: \_\_\_\_\_
- d. Municipal Directory: \_\_\_\_\_
- e. Neighbors' Interview: (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Name) \_\_\_\_\_  
(Address) \_\_\_\_\_
- f. Tax Returns: \_\_\_\_\_

III. Contact with Former School District:

- a. Name: \_\_\_\_\_ Position \_\_\_\_\_
- b. Date: \_\_\_\_\_
- c. Impressions: \_\_\_\_\_

IV. Recommendation

- a. Continue Affidavit Approval: \_\_\_\_\_
- b. Initiate Legal Action for Misrepresentation: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator's Signature