

\_\_\_\_ Check here if new address.  
Please attach proofs of residence.

**State of Georgia - County of Fulton**  
**\*Affidavit of Residence for All Students *other than***  
**New Enrollees and Students Entering 6<sup>th</sup> or 9<sup>th</sup> Grade**

The undersigned, first being duly sworn, deposes and states that he/she is the parent/guardian of \_\_\_\_\_  
\_\_\_\_\_, and said student lives with the undersigned, and that both  
**Student**  
**Student**  
the student and the undersigned are bona fide full time residents of Fulton County and that they reside at

\_\_\_\_\_,  
**Street** **City** **Zip Code**  
Fulton County, Georgia with \_\_\_\_\_  
**Name of homeowner/apartment lessee**

The undersigned further agrees that he/she will notify the Fulton County Board of Education if the parent and/or student ever terminate the above residence in Fulton County while the student is enrolled in a Fulton County school.

**If it is determined that the student does not live in the appropriate school district, he/she will be withdrawn from school immediately.**

|  |   |
|--|---|
| _____<br>Signature of Parent/Guardian  | _____<br>Signature of Homeowner/Apartment Lessee  |
| _____<br>Print Name of Parent/Guardian | _____<br>Print Name of Homeowner/Apartment Lessee |

Sworn to and subscribed before this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Notary Public) My Commission expires \_\_\_\_\_

**\*False swearing is a violation of the laws of the State of Georgia, punishable by a fine of not more than \$1,000, or by imprisonment for not less than one nor more than five years, or both. Georgia Code (O.C.G.A. 16-10-71).**

**Grade:** \_\_\_\_\_

**School Name:** \_\_\_\_\_