



Hanover Area School District
Student Registration Office
 1600 Sans Souci Parkway
 Hanover Township, Pa 18706

(570) 829-4707 Office - (570) 408-1152 Fax

Mr. William Jones, Acting Superintendent
Bryan Finn, Certified School Psychologist

Dr. Steven Greenfield, Director of Pupil Services
Mrs. Shannon Bennett, Director of Special Education

RESIDENCY AFFIDAVIT (as per Board Policy #202)

To be completed prior to initial admission and at the beginning of each school year prior to continuation of placement in the district

Resident of the Hanover Area School District, who supports a child, not his/her own, in the resident's home and at the resident's expense:

COMMONWEALTH OF PENNSYLVANIA :

COUNTY OF LUZERNE : ss.

I, _____ being duly sworn accordingly to law, depose(s) and say(s);

That I (we) presently reside at _____;

That I (we) am (are) supporting _____, gratis; and without charge to his/her parent or guardian;

That I (we) intend to keep and support _____ continuously and not merely through the school term;

That I (we) will assume all personal obligations for the child relative to school requirements;

That the facts set forth herein are true and correct to the best of my (our) knowledge, information and belief;

That I (we) am (are) aware that false swearing is a misdemeanor of the third degree and that the punishment therefore is a fine of not more than \$2,500.00 or imprisonment for not more than one year or both. I (we) further certify that I (we) will notify the Hanover Area School District immediately in the event that the facts set forth herein shall no longer be correct or shall change. I (we) certify that I (we) will cooperate with and be responsive to the request for information or investigation concerning the continuing validity of this Affidavit.

I make this affidavit in accordance with the Pennsylvania School Code, to aid the Hanover Area School District in determining whether or not a child named

Age: _____

shall be accorded school privileges the same as resident pupils; that I reside at:

(Address, including street number in Borough/Township & R.R.)

and have continuously resided at said address since _____
(Year)

and that I have no other address.

(Signature)

(Witness)

(Witness)

(Date)

Sworn to and subscribe to before me,

this _____ day of _____, 20____.

Notary Public

Hanover Area School District

PARENT AND/OR NATURAL PARENTS

The undersigned are the parent/natural guardian of the child/children the subject of this Affidavit.

We affirm under Penalty of Law that the above information is true and correct. We acknowledge that the person designated in this Affidavit shall have all obligations for the child relative to school requirements and shall be the contact person to receive and to request all information concerning the child and that the child resides on a full time basis at the residence address and with the person set out in this Affidavit.

(Parent and/or Natural Guardian)

(Witness)

(Witness)

(Date)

Sworn to and subscribed to before me,

this _____ day of _____, 20 _____.

(Notary Public)

Hanover Area School District

Instruction: Please complete the following statement. If the potential student is living, or will be living in a household with two resident adults who will assume responsibility for the student, bot resident must complete and sign the statement.

1. Your Name: _____
Name of Spouse: _____
Home Address: _____
Home Telephone: _____ Work: _____
Is residency affidavit attached? Yes _____ No _____
2. Child's Full Name: _____
Date of Birth: _____ Grade: _____
Name and Address of Last School
Attended: _____
Date child began/Will begin residing in your home? _____
3. Do you intend to keep and support the child continuously and not merely through the school term? Yes _____ No _____
4. Will anyone contribute to the child's support? Yes _____ No _____
If yes, explain: _____
5. Is there currently a support order for the child that has been entered by a court or other party? Yes _____ No _____ If yes, to whom are the payments made?

6. Who will claim this child as a dependent for state/federal income tax purposes?

7. Will you assume all personal obligations related to school requirements for this child that may include providing for immunization, uniforms, fee/fine, citations/fines for truancy, attending parent-teacher conferences, attending meetings/hearings concerning discipline, and fulfilling any specials education requirements? Yes _____ No _____
8. Will you assume the responsibility and obligation for making all education decisions? Yes _____ No _____

I grant the school district permission to investigate the information I have presented in this statement by discussing information with all appropriate parties, as necessary to confirm the factual accuracy.

(Signature)

(Witness)

(Witness)

(Date)

Sworn to and subscribed to before me,

this _____ day of _____, 20 _____.

(Notary Public)

Hanover Area School District

Approved by District of Pupil Services: _____

Date: _____