

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 student(s) listed below and said student or student(s) live with the undersigned, and that both the student or student(s) and the undersigned are bona fide fulltime residents of Coweta County and that they reside at (List Complete Residence Address)_____Coweta County, Georgia.

<u>Student's Name</u>	<u>Grade</u>	<u>Name of school attending in 2011-2012</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