

Douglas County School System
Certificate of Multi-Family Residence

Full name of Parent/Guardian: Phone #:

Current Full Time Address: City/State/Zip:

Student(s) Name(s):

A. Affidavit of Resident

Before the undersigned officer, and being duly sworn, I depose and state as follows:

- 1. That I am the parent/court appointed guardian of each child listed above.
2. That each child listed above resides with me full time at the address listed above.
3. That I understand that I must immediately notify Douglas County Schools if I change residence, or if any child listed above should change residence.
4. That I understand that representatives of Douglas County Schools may visit my home to verify residency, and I hereby voluntarily consent to such visits.
5. That I understand that a student enrolled in Douglas County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that false swearing is a violation of the laws of the State of Georgia, punishable 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. O.C.G.A. § 16-10-71.
7. That I understand that this affidavit will be in effect until I provide proof of residence as required by the Douglas County Board of Education.

Signature of the Parent/Guardian

Date

Signature of the Notary Public

Seal/Expiration Date

B. Affidavit of Owner/Lease Holder (please print)

Full Name of Owner/Lease Holder: Phone #:

Current Full Time Address: City/State/Zip:

Proof of Residence documentation:

(You must provide 2 proofs of residency to Douglas County Schools along with this form)

- > Current utility bill (within the last 30 days)
> Mortgage/Property/Settlement Statement OR Lease/Rental Agreement

Before the undersigned officer, and being first duly sworn, I depose and state as follows:

- 1. That I am the legal owner or lessee of the property listed above.
2. That the persons listed in this document are residing with me or have my consent to live full time at the address listed above.
3. That I understand that I must immediately notify Douglas County Schools if any person listed in this document should change residence.
4. That I understand that representatives of the Douglas County Schools may visit my home to verify residency of the persons listed in this document, and I hereby voluntarily consent to such visits.
5. That representatives of Douglas County Schools may verify residency through property management, homeowners, landlords, and/or utilities, and I hereby voluntarily consent to such verification.
6. That I understand that a student enrolled in Douglas County Schools under falsified information is illegally enrolled and will be immediately withdrawn form school.
7. That I understand that false swearing is a violation of the laws of the State of Georgia, punishable 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. O.C.G.A. § 16-10-71.
8. That I understand that this affidavit will be in effect until the parent/guardian provide proof of residence as required by the Douglas County Board of Education.

Signature of the Primary Owner/Lease Holder

Date

Signature of the Notary Public

Seal/Expiration Date