THE SCHOOL DISTRICT OF PHILADELPHIA

RESIDENCY AFFIDAVIT (UPDATED JUNE 2023)

Residency Affidavit approvals expire on the last day of the school year, and must be renewed annually. Families with approved Residency Affidavits are required to submit a new completed and notarized affidavit to the child's school for processing at the beginning of each school year.

SECTION 1- RESIDENCY INFORMATION				
I/Wehereby attest that I/we currently reside at				
Name of Parent (s)/Guardian(s) Address				
Zip Telephone Number	<u> </u>			
SECTION 2- CHILDREN'S INFORMATION				
I/We attest that the children listed below live at the address provided above.				
NAME (S) OF SCHOOL AGED CHILDREN	RELATIONSHIP	DATE OF BIRTH	CURRENT	STUDENT ID
	TO CHILD	(mm/dd/yy)	GRADE	NUMBER
			LEVEL	
			+	
			+	
			1	
			 	
SECTION 3- HOMEOWNER OR TENNANT VERIFICATION				
I,, herby attest that I am the legal owner or lessee of the property				
Property Owner or Lessee (Renter) of the residence				
located at I further swear that Current Address, Zip Name of Parent (s)/Guardian(s)				
Current Address, Zip and the above mentioned child(ren) is/are living on a permanent	hases at the above addres	•	(s)/Guaraian(s)	
and the above mentioned child(ren) by the ning on a permanent	bases at the above acc. es			
Homeowner or Tennant's Signature	Date			
SECTION 4- SIGNATURE AND NOTARY- (Please read the en	ntire statement before	signing.)		
I assume responsibility for notifying The School District of Philadelphia (District) should the above-described circumstances change.				
I understand that the statements made herein are subject to the provisions of the Pennsylvania Criminal Code regarding perjury, unsworn falsifications to authorities, fraud, and any applicable offenses.				
I am aware that the facts as stated are subject to investigation, and should it be determined that the above statements are not true, either now or				
in the future, my child(ren) will be immediately reassigned to a neighborhood school based on their verified home address. In addition, the School District of Philadelphia may formally submit my name to the Philadelphia District Attorney's Office for investigation for applicable offenses.				
District of Finiadelphia may formally submit my hame to the Finiadelphia district Actorney 3 office for investigation for applicable offenses.				
I have read the above conditions of this affidavit, and I verify that the statements made herein are true and correct based upon my personal				
knowledge. I understand that if this affidavit is violated, the District may pursue civil and/or criminal proceedings.				
Signature Parent/Legal Guardian Date Signature Parent/Legal Guardian Date				
NOTARY ONLY			NOTARY PUBLIC	
Subscribed and sworn to before me on this day of	, 20			
 , 			STAN	IP HERE
OFFICIAL USE ONLY				
	ARNING NETWORK/SCHO	OL	DATE	
		DA	TE S	TAMP