



# RESIDENCY AFFIDAVIT

**PURPOSE:** To certify that I am the natural parent, the adoptive parent, or the legal guardian of the child or children I am enrolling in school and that we will be living together in Fairfax County on a permanent basis.

## CERTIFICATION

I certify that I am currently residing with my child(ren) in Fairfax County at:

_____		_____
<b>Number, Street</b>		<b>Apt. Number</b>
_____	_____	_____
<b>City</b>	<b>VA</b> <b>State</b>	<b>ZIP Code</b>

I further certify that the documentation presented as proof of domicile in Fairfax County attests to my permanent move to Fairfax County.

I acknowledge that this statement is accepted in good faith by school officials, and I further understand that I could be responsible for the payment of tuition for the time my child(ren) attended Fairfax County Public Schools if I leave Fairfax County. **I shall notify the school if I leave the county for any length of time and leave my child(ren) in the care of a relative or other adult.**

**I understand that providing false or otherwise untrue information for school enrollment purposes constitutes a Class 3 misdemeanor.**

**Student Name(s)** \_\_\_\_\_  
\_\_\_\_\_

**Print Parent or Guardian Name** \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature** **Date**

\*\*\*\*\*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State \_\_\_\_\_ County \_\_\_\_\_. My commission expires \_\_\_\_\_.

Witness my hand in official seal.

\_\_\_\_\_  
notary public