



## School Choice

### Affidavit of Residence Form

This form is needed if the parent/legal guardian of the student does not have a mortgage statement/lease or utility bill in their name. This means the parent/guardian and student reside (live) with another adult within the boundaries of DeKalb County School District.

**Only Pages 2-4 of the DCSD Affidavit of Residence is needed for the school choice application.** The form must be notarized and all required documents must be included. Documents may be scanned and uploaded into the application or emailed to [School\\_choice@dekalbschoolsga.org](mailto:School_choice@dekalbschoolsga.org) by the open enrollment deadline. The student's name should be indicated in the subject line of the email. All submitted bills must be dated within the past 60 days.

*For the school choice application, the required documents of proof of residents are:*

**Parent(s)/Legal Guardian(s):**

1. Completed Affidavit of Residence (pages 2-4) that is certified by a notary public;
2. photo ID;and
3. a piece of official business mail addressed to the parent(s)/legalguardian(s) at the address listed on the Affidavit Residence.

**All three** of these items are **required**.

**Owner/Lessee:**

1. Page 4 of the Affidavit of Residence;
2. photo ID;
3. apartment/house lease or mortgage and
4. current utility bill (must be gas, electric, or water) in the name of the owner/lessee.

**All four** of these items are **required**.

Pages Two and Three of the Affidavit of Residence must be completed by the student's parent(s) or legal guardian(s) and witnessed by a notary public before coming to the school.

**Affidavit of Parent(s) or Legal Guardian(s)**

I, \_\_\_\_\_, of lawful age, being first duly sworn under oath state that:  
Print Full Name

1. I presently and permanently reside at \_\_\_\_\_

\_\_\_\_\_ which is my legal residence located in DeKalb County, Georgia but outside the city limits of Atlanta or Decatur.

2. I am the parent or legal guardian of \_\_\_\_\_  
Print Student's Full Name

\_\_\_\_\_  
Print Student's Full Name Print Student's Full Name

\_\_\_\_\_  
Print Student's Full Name Print Student's Full Name

who reside(s) with me at the address listed in paragraph 1 above.

3. My child(ren) and I began residing at the address listed above on \_\_\_\_\_ - - - - -  
Month Day Year

4. The name and last known address of the student's parent(s) or legal guardian(s):  
Parent(s) or Legal Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_

**Affirmations:**

- 1. I attest that this request to attend \_\_\_\_\_ is not primarily intended to allow the student to attend a particular school that he or she would not otherwise be able to attend because it is outside of his or her designated attendance area, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, to utilize special services or programs offered at a particular school, or any other similar reason.
- 2. I further attest that the student(s) named above is (are) not currently under a long-term suspension or expulsion from his/her/(their) most recent school nor is he/she/ (their) currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.
- 3. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.

4. I also understand that the DeKalb County School District Superintendent or designee may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the student has enrolled in a public school with the DeKalb County School District. The audit may include a personal visit to the student ' s home at the residence listed in this affidavit by a school district attendance officer or other employee of the District to verify the facts sworn to in this affidavit.

**NOTICE OF PENALTIES AND CRIMINAL LIABILITY**

I, \_\_\_\_\_ understand that if I provide false information or defraud the DeKalb County School District on this Affidavit of Residence, I will be required to pay for the costs incurred by the District for the period that the ineligible student is enrolled, as set forth in O.C.G.A. § 20-2 -13 3.

If the costs incur red by the DeKalb County School District are collected by an attorney, I may be obligated to pay for all expenses and attorneys' fees incurred by the Board of Education in the collection of same.

I may be prosecuted, held criminally liable and imprisoned for not less than one nor more than ten years if I am found guilty or forgery in the first degree, pursuant to O.C.G.A. § 16-9 -1.

I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.

I may be prosecuted, held criminally liable, and 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, if I am found guilty of making false statementspursuant to O.C.G.A. § 16-10-20.

I may be prosecuted, held criminally liable and 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 if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10 - 71.

By executing this affidavit, I solemnly swear or affirm under the penalties listed above that the contents of this affidavit are true and accurate.

\_\_\_\_\_  
Signature of Parent/ legal guardian

\_\_\_\_\_  
Date

**Section for Notary Public**

**SWORN TO (OR AFFIRMED) AND SUBSCRIBED  
BEFORE ME ON THIS**

\_\_\_ day of \_\_\_\_\_, 201,

\_\_\_\_\_  
Notary Public

[Notary Seal]

My Commission Expires:

**Sworn Statement of Owner/Lessee**

I, \_\_\_\_\_, of lawful age, certify that I am the (circle one) owner /lessee of the premises identified in paragraph 1 on page 2 of the Affidavit of Residence, and that the above named parent(s)/ legal guardian(s) and student(s) permanently reside at the address identified in paragraph 1 on page 2 of the Affidavit of Residence.

**NOTICE OF PENALTIES AND LIABILITY**

I \_\_\_\_\_ understand that I may be subject to the following criminal liability for engaging the following conduct.

I may be prosecuted, held criminally liable and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1.

I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.

I may be prosecuted, held criminally liable, and 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, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10 -20.

I may be prosecuted, held criminally liable and 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 if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10 - 71.

By executing this statement, I solemnly swear or affirm under the criminal penalties listed above that the contents of this statement are true and accurate.

Signature \_\_\_\_\_

To be signed in the presence of a school official

(A "signature" is required to apply for a Dekalb School Choice Program; however, the signature does not have to be in the presence of a school official.)

Date: \_\_\_\_\_

Owner /Lessee Name \_\_\_\_\_  
Print FullName

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_