



Hanover Area School District
Office of Pupil Services
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Hanover Twp., PA 18706
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Mr. Anthony Podczasy, Superintendent

Mrs. Deborah J. Popson, Director of Pupil Services &
Special Education

RESIDENCY AFFIDAVIT (as per Board Policy #202)

To be completed prior to initial admission and at the beginning of each school year prior to continuation of placement in the district.

Resident of the Hanover Area School District, who supports a child, not his/her own, in the resident's home and at the resident's expense:

COMMONWEALTH OF PENNSYLVANIA :
: ss.
COUNTY OF LUZURNE :

I, _____ being duly sworn accordingly to law, depose(s) and say(s):

That I (we) presently reside at _____;

That I (we) am (are) supporting _____, gratis; and without charge to his/her parents, parent or guardian;

That I (we) intend to keep and support _____ continuously and not merely through the school term;

That I (we) will assume all personal obligations for the child relative to school requirements;

That the facts set forth herein are true and correct to the best of my (our) knowledge, information and belief;

That I (we) am (are) aware that false swearing is a misdemeanor of the third degree and that the punishment therefore is a fine of not more than \$2,500.00 or imprisonment for not more than one year or both. I (we) further certify that I (we) will notify the Hanover Area School District immediately in the event that the facts set forth herein shall no longer be correct or shall change. I (we) certify that I (we) will cooperate with and be responsive to request for information or investigation concerning the continuing validity of this Affidavit.

I make this affidavit in accordance with the Pennsylvania School Code, to aid the Hanover Area School District in determining whether or not a child named

Age: _____

shall be accorded school privileges the same as resident pupils; that I reside at

(Address, including street number in Borough/Township & R.R.)

and have continuously resided at said address since _____
(Year)

and that I have no other address.

(Signature)

(Witness)

(Witness)

(Date)

Sworn to and subscribed to before me,

this _____ day of _____, 20____.

Notary Public

Hanover Area School District

PARENT AND/OR NATURAL PARENTS

The undersigned are the parents/natural guardians of the child/children the subject of this Affidavit.

We affirm under Penalty of Law that the above information is true and correct. We acknowledge that the person designated in this Affidavit shall have all obligations for the child relative to school requirements and shall be the contact person to receive and to request all information concerning the child and that the child resides on a full time basis at the residence address and with the person set out in this Affidavit.

(Parent and/or Natural Guardian)

(Witness)

(Witness)

(Date)

Sworn to and subscribed to before me,

this _____ day of _____, 20____.

Notary Public

Hanover Area School District

Instructions: Please complete the following statement. If the potential student is living, or will be living, in a household with two resident adults who will assume responsibility for the student, both residents must complete and sign the statement.

1. **Your Name:** _____
Name of Spouse: _____
Home Address: _____
Home Telephone: _____ **Work Telephone:** _____
Is residency affidavit attached? Yes _____ **No** _____
2. **Child's Full Name:** _____
Birth Date: _____ **Grade:** _____
Name and Address of Last School Attended: _____
Date Child Began/Will Begin to Reside in Your Home? _____
3. **Do you intend to keep and support the child continuously and not merely through the school term? Yes** _____ **No** _____
4. **Will anyone contribute to the child's support? Yes** _____ **No** _____
If yes, explain: _____
5. **Is there currently a support order for the child that has been entered by a court or other party? Yes** _____ **No** _____ **If yes, to whom are the payments made?**

6. **Who will claim this child as a dependent for state/federal income tax purposes?**

7. **Will you assume all personal obligations related to school requirements for this child that may include providing for immunizations, uniforms, fee/fines, citations/fines for truancy, attending parent-teacher conferences, attending meetings/hearings concerning discipline, and fulfilling any special education requirements? Yes** _____ **No** _____
8. **Will you assume the responsibility and obligation for making all education decisions? Yes** _____ **No** _____

I grant the school district permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, as necessary to confirm the factual accuracy.

(Signature)

(Witness)

(Witness)

(Date)

Sworn to and subscribed to before me,

this _____ day of _____, 20____.

Notary Public

Hanover Area School District

Approved by Director of Pupil Services: _____

Date: _____