



AFFIDAVIT FOR RESIDENCY

PART I: **Parent/Legal Guardian Statement** to the FCCPS School Board

I hereby affirm that I am residing in the residence of: _____
(printed legal name of Falls Church City deed/lease holder)

who leases or owns the Falls Church City property located at:

(full address)

The full, legal **name(s)** and **grade** of my child(ren) also residing with me at the above address:

- | | |
|-----------------|-----------------|
| 1. _____, _____ | 4. _____, _____ |
| 2. _____, _____ | 5. _____, _____ |
| 3. _____, _____ | 6. _____, _____ |

➤ **Parent/Legal Guardian proof of residency for the above address must accompany this form**

Acceptable documentation: VA voter registration, drivers license, or state ID; federal or state income tax return, W-2 or 1099 form; business or state issued professional license; personal property tax returns; utility bills (*mobile phone not accepted*); forms filed for govt. benefits; current auto, health, or life insurance policy, card or bill; current payroll check stub issued by employer

I understand that enrollment of my child(ren) in Falls Church City Public Schools is based on my statement, and that if this statement is false, I am liable for payment of full tuition for my child(ren) and may be subject to criminal prosecution under Section 18.2-434 of the Code of Virginia. I also agree to notify the school principal or designee of any change of residence of myself or of my child(ren) within three (3) days of such change.

Printed Parent/Legal Guardian Name

Parent/Legal Guardian Signature

_____/_____/_____
Date Signed

Subscribed and sworn to before me this _____ day of _____ 20_____.

State: _____ City: _____ My commission expires: _____

Witness my hand in official seal.

Notary Public



AFFIDAVIT FOR RESIDENCY

PART II: **Falls Church City Lease/Deed Holder** Statement to the FCCPS School Board

I hereby affirm that I lease/own the Falls Church City property located at:

(full address)

Residing at my property is/are the adult(s) listed below who is/are the parent(s)/legal guardian(s) of a school-age child or children to be enrolled in Falls Church City Public Schools.

Full legal name(s) of adult(s) residing with me:

1. _____ 2. _____

➤ **Lease/Deed holder proof of residency for the above address must accompany this form**

Required documentation:

- If owned, copy of property deed or HUD-1 settlement statement.
- If renting, signed lease with additional tenants above listed or letter from property management office on official letterhead acknowledging names of additional residents.

I understand that enrollment of the child(ren) of the above-named adult(s) in Falls Church City Public Schools is based on my statement. If this statement is false, I may be liable for payment of full tuition for the child(ren) and subject to criminal prosecution under Section 18.2-434 of the Code of Virginia. I will notify the school principal or designee of any change of residence of the above named adult(s) or child(ren) within three (3) days of such change.

Printed Lease or Deed Holder Name

Lease or Deed Holder Signature

_____/_____/_____
Date Signed

Subscribed and sworn to before me this _____ day of _____ 20____.

State: _____ City: _____ My commission expires: _____

Witness my hand in official seal.

Notary Public