

State of Georgia
County of Fulton
***Affidavit of Residence for**
All Students *other than* New Enrollees and Students
Entering 6th or 9th Grade

The undersigned, first being duly sworn, deposes and states that he/she is the parent/guardian of _____
_____, and said student lives with the undersigned, and that both
_____ Student
_____ Student
the student and the undersigned are bona fide full time residents of Fulton County and that they reside at

Street City Zip Code
Fulton County, Georgia with _____
Name of homeowner/apartment lessee

The undersigned further agrees that he/she will notify the Fulton County Board of Education if the parent and/or student ever terminate the above residence in Fulton County while the student is enrolled in a Fulton County school.

If it is determined that the student does not live in the appropriate school district, he/she will be withdrawn from school immediately.

Signature of Parent/Guardian Signature of Homeowner/Apartment Lessee

Print Name of Parent/Guardian Print Name of Homeowner/Apartment Lessee

Sworn to and subscribed before this ____ day of _____, 200__.

(Notary Public) My Commission expires _____

***False swearing is a violation of the laws of the State of Georgia, punishable by a fine of not more than \$1,000, or by imprisonment for not less than one nor more than five years, or both. Georgia Code (O.C.G.A. 16-10-71).**

Fulton Science Academy Middle School
1675 Hembree Road
Alpharetta, Georgia 30004
(770) 753-4141*Fax (770) 753-4948

Grade: _____

School Name: _____

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