

## PROOF OF ARLINGTON COUNTY RESIDENCY PARENT/LEGAL GUARDIAN/ADULT STUDENT RESIDENCY AFFIDAVIT

**INSTRUCTIONS:** To be completed by the parent/legal guardian of school-age child(ren) or adult student, when residing in shared housing situation. Virginia Code § 22.1-5, §22.1-264.1

PURPOSE: To certify that I and	d my child(ren) are living in Arling	gton, VA on a permanent basis.	
I, (parent, legal guardian or adult student)			certify that I and my child(ren) are
currently residing in Arlington, V	A with (Arlington Resident/Leaseho	older or Homeowner)	
at the following address:			
House/Bldg. Street Name			Apt. No. Zip Code
Contact Information of Parent,	Legal Guardian or Adult Student	<b>t:</b> Cell	lome
☐ Proof of Arlington County Res ☐ Proof of Arlington County Res			the following documents:
• Current federal, state or proper	_	bove, with the parent, legal guardian or ad • Current payroll or withholding statement	
<ul> <li>Vehicle registration</li> <li>Valid Virginia driver's license with current address</li> <li>Current utility bill</li> <li>Documentation of financial assistance</li> </ul>		from Arlington County	
		also residing with me at the above address ar	
oracin(o) information The his	arries of my soriour age officiality c	and residing with the at the above address an	<b>c.</b>
Last Name	First Name	Middle Name	APS School
Last Name	First Name	Middle Name	APS School
Last Name	First Name	Middle Name	APS School
Last Name	First Name	Middle Name	APS School
§ 22.1-3, in a particular school of enrollment in a school outside the school division in which the child was enrolled in such school divi- I understand that enrollment of r	livision or school attendance zone, ne attendance zone in which the st d was enrolled as a result of such t sion. my child(ren) in Arlington Public Sc	ly makes a false statement concerning the re, for the purposes of (i) avoiding the tuition chaudent resides, shall be guilty of a Class 4 minfalse statements for tuition charges, pursuant chools (APS) is based on my statement, and it runderstand that providing false information is	narges authorized by § 22.1-5 or (ii) sdemeanor and shall be liable to the to § 22.1-5, for the time the student if this statement is false, I understand
the student(s). I hereby waive m	y rights to confidentiality of informats disposal to verify my residence.	ation relative to my residence and understand I also agree to notify the principal or designe	d that Arlington Public Schools will use
Printed Name of Parent/Legal	Guardian/Adult Student: Last Nam	ne First Name	Middle Name
Signature of Parent/Legal Gua		ie Filst Name	Date:
This Proof of Arlington Count in Arlington, VA, whichever codency documentation. This fo	y Residency form is valid for the omes first. Continued enrollment	e current academic school year or until the t in Arlington Public Schools requires a ne ally to the student's school between July t n Arlington Public Schools.	ew notarized form and proof of resi-
I hereby certify that on this	(day) of	(month)	(year), the above subscribers
personally appeared before me	and made oath in due form of the	law that the foregoing facts are true to the be	est of their knowledge, information,
belief, under penalty or perjury.	My commission expires	// Notary Public	
	To Be	Completed by APS Staff	
Date Received Date of Notarization Entered in Student Information System			
Valid for School Year		ollment?* □ Yes □ No Update for current APS St	` '
		nt/legal guardian must register all children in person ar ents listed, APS staff receiving original must share cop	
ii uno io ari upuateu ioriii ior cuffent A	and there are multiple stude	ents insteat, AFS stail receiving original must share cop	ies with sibility(s) school(s).

January 2023 File in Student Cumulative File