

PROOF OF ARLINGTON COUNTY RESIDENCY  
ARLINGTON PUBLIC SCHOOLS  
1426 North Quincy Street  
Arlington, Virginia 22207

STATEMENT OF ARLINGTON RESIDENT

I hereby affirm that I reside at \_\_\_\_\_

\_\_\_\_\_  
(Address)

Living with me are adults listed below who have school-age children to be enrolled in Arlington Public Schools:

Name(s) of adult(s) residing with me:

\_\_\_\_\_  
\_\_\_\_\_

I understand that enrollment in Arlington Public Schools (APS) of the child(ren) of the adult(s) identified on **FORM A** is based on my statement. If this statement is false, I understand that I am liable for payment of full tuition of the child(ren). Under §22.1-264.1 of the Code of Virginia, any person who knowingly makes a false statement concerning the residency of a child for the purpose of avoiding tuition, shall be guilty of a Class 4 misdemeanor. I will notify the principal or designee of any change of residence of the named adult(s) or child(ren) within three (3) days of such change.

**\*This form is valid for one year from the date of application or until the named applicant ceases to reside in Arlington. If the applicant continues to be an Arlington resident after one year, a new form and supporting documents must be submitted. Failure to do so will result in withdrawal of the named child(ren) from Arlington Public Schools.**

**A COPY OF THE ARLINGTON RESIDENT'S MORTGAGE OR CURRENT LEASE AGREEMENT MUST ACCOMPANY THIS FORM. NO OTHER DOCUMENTATION WILL BE ACCEPTED.**

\_\_\_\_\_  
Printed Name of Arlington Resident      (Home Phone)      (Work Phone)

\_\_\_\_\_  
Signature of Arlington Resident      \*Date

I hereby certify that on this \_\_\_ day of \_\_\_\_\_, the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true to the best of their knowledge, information, belief, under penalty or perjury.

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ Notary Public \_\_\_\_\_

<b>To Be Completed by School Personnel</b>	
___ Entered date in ESchools+	___ Please forward copy to sibling(s) school
___ Submitted copy to Department of Student Services	