



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

FORM A

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 my child(ren) are living in Arlington, VA on a permanent basis.

I, (parent, legal guardian or adult student) \_\_\_\_\_ certify that I and my child(ren) are currently residing in Arlington, VA with (Arlington Resident/Leaseholder or Homeowner) \_\_\_\_\_ at the following address:

House/Bldg. Street Name Apt. No. Zip Code

Contact Information of Parent, Legal Guardian or Adult Student: Cell \_\_\_\_\_ Home \_\_\_\_\_

Parents, legal guardians or adult students who share housing with an Arlington resident must provide all the following documents:

- Proof of Arlington County Residency Form A- Parent/Legal Guardian/Adult Student Residency Affidavit
Proof of Arlington County Residency Form B- Statement of Arlington Resident Affidavit
Property Deed or current lease of homeowner or leaseholder

-And- at least one of the following showing the address listed above, with the parent, legal guardian or adult student name:

- Current federal, state or property tax returns
Vehicle registration
Valid Virginia driver's license with current address
Current payroll or withholding statement
Current utility bill
Documentation of financial assistance from Arlington County

Student(s) Information- The names of my school-age child(ren) also residing with me at the above address are:

Table with 4 columns: Last Name, First Name, Middle Name, APS School. Multiple rows for listing children.

In accordance with VA Code 22.1-264.1, any person who knowingly makes a false statement concerning the residency of a child, as determined by § 22.1-3, in a particular school division or school attendance zone, for the purposes of (i) avoiding the tuition charges authorized by § 22.1-5 or (ii) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges, pursuant to § 22.1-5, for the time the student was enrolled in such school division.

I understand that enrollment of my child(ren) in Arlington Public Schools (APS) is based on my statement, and if this statement is false, I understand that I am liable for payment of full tuition for my child(ren). I further understand that providing false information is fraud and shall result in withdrawal of the student(s). I hereby waive my rights to confidentiality of information relative to my residence and understand that Arlington Public Schools will use whatever legal means it has at its disposal to verify my residence. I also agree to notify the principal or designee of any change of residence of myself or my child(ren) within three (3) days of such change. My typed name serves as my digital signature.

Printed Name of Parent/Legal Guardian/Adult Student: Last Name First Name Middle Name

Signature of Parent/Legal Guardian/Adult Student: Date:

This Proof of Arlington County Residency form is valid for the current academic school year or until the named applicant ceases to reside in Arlington, VA, whichever comes first. Continued enrollment in Arlington Public Schools requires a new notarized form and proof of residency documentation. This form should be resubmitted annually to the student's school between July 1st and the first day of school. Failure to do so will result in withdrawal of the named student(s) from Arlington Public Schools.

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 best 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 - New Student Enrollment?\* Update for current APS Student(s)?\*

\*If this form is for a new enrollment and there are multiple students listed, parent/legal guardian must register all children in person and provide residency affidavits upon registration.
\*If this is an updated form for current APS students and there are multiple students listed, APS staff receiving original must share copies with sibling(s) school(s).