

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

House/Bidg. Street Name Contact Information of Parent, Legal Guardian or Adult Student: Cell	PURPOSE: To certify that I and	my child(ren) are living in Arlin	igton, VA on a permanent basis.			
House/Bidg Street Name	I, (parent, legal guardian or adul	student)		certify that I and	my child(ren) are	
Apt. No. Zip Code		,		,		
Contact Information of Parent, Legal Guardian or Adult Student: Cell	at the following address:					
Contact Information of Parent, Legal Guardian or Adult Student: Cell						
Parents, legal guardians or adult students who share housing with an Arlington resident must provide <u>all</u> the following documents: □ Proof of Arlington County Residency Form A - Parent/Legal Guardian/Adult Student Residency Affidavit □ Property Deed of homeowner or current lease agreement of leaseholder And- at least two of the following showing the address listed above, with the parent, legal guardian or adult student name: • Current payroll or withholding statement • Current payroll or withholding statement • Current tuility bill • Decumentation 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: Last Name First Name Middle Name APS School Last Name School obtision or school of attendance zone in which the child was enrolled as a result of such false statements for futility on the suthorized by § 22.1-5 or (ii) enrollment in a school of wision or school of a sa result of such false statements for futility on the suthorized by § 22.1-5, for the time the student was enrolled in such school division. Lunderstand that lam liable for payment of full tuition for my child(ren) in Arlington Public Schools (APS) is based on my statement, and if this statement is false, I understand the false statement	House/Bldg. Street Name			Apt. No.	Zip Code	
□ Proof of Arlington County Residency Form B - Statement of Arlington Residency Affidavit □ Property Deed of homeowner or current lease agreement of leaseholder And- at least two of the following showing the address listed above, with the parent, legal guardian or adult student name: Current payroll or withholding statement of Courrent payroll or withholding statement of Payroll or Withholding statement of Courrent payroll or withholding statement or Payroll payrol	Contact Information of Parent,	Legal Guardian or Adult Studen	nt: Cell Ho	ome		
Current federal, state or property tax returns Vehiclic registration Valid Virginia driver's license with current address Student(s) Information—The names of my school-age child(ren) also residing with me at the above address are: Last Name First Name First Name Middle Name APS School Last Name First Name First Name Middle Name APS School Last Name First Name Middle Name APS School Last Name First Name Middle Name APS School APS School Last Name First Name Middle Name APS School Last Name In accordance with VA Code 22.1–284.1, any person who knowingly makes a false statement concerning the residency of a child, as determined by \$2.1–5 or (i) 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 tuttion charges, pursuant to § 22.1–5, for the time the student was enrolled in such school division. Lunderstand that enrollment of my child(ren) in Arlington Public Schools (APS) is based on my statement, and if this statement is false, 1 understand that 1 am liable for payment of full tuition for my child(ren). It urther 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 for my child(ren) within three (3) days of such change. Printed Name of Parent/Legal Guardian/Adult Student: Last Name First Name Middle Name First Name Middle Name First Name Middle Name Mis	□ Proof of Arlington County Res□ Proof of Arlington County Res	idency Form A- Parent/Legal Gua idency Form B- Statement of Arli	ardian/Adult Student Residency Affidavit ington Resident Affidavit	he following docun	nents:	
Est Name First Name Middle Name APS School Last Name APS School Last Name Middle Name APS School Last Name APS School Last Name Middle Name APS School Last Name Middle Name APS School Last Name Middle Name APS School Last Name APS School Last Name Middle Name APS School Last Name APS School Last Name APS School Last Name Middle Name APS School Last		-	 Current payroll or withholding statemen 			
Last Name First Name Middle Name APS School Last Name APS School Last Name First Name Middle Name APS School Last	Valid Virginia driver's license with current address		Documentation of financial assistance figures.	Documentation of financial assistance from Arlington County		
Last Name First Name Middle Name APS School Last Name First Name Middle Name Middle Name Last Name First Name Middle Name Last Name Middle Name Date: Last Name First Name Middle Name Last Name First Name Middle Name Last Name Middle Name Date: Last Name Date: Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Middle Name Date: Last Name Last Name Middle Name Last Name Middle Name Date: Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Middle Name Date: Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Middle Name Middle Name Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Middle Name Middle Name Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Middle Na	Student(s) Information— The na	mes of my school-age child(ren)	also residing with me at the above address are	9:		
Last Name	Last Name	First Name	Middle Name	APS School		
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 the 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. Printed Name of Parent/Legal Guardian/Adult Student: Last Name First Name Middle Name Signature of Parent/Legal Guardian/Adult Student: Last Name First Name Middle Name Signature of Parent/Legal Guardian/Adult Student: Last Name First Name Middle Name Signature of Parent/Legal Guardian/Adult Student: Last Name First Name Middle Name Signature of Parent/Legal Guardian/Adult Student: A state of Parent/Legal Guardian/Adult Student: Cast Name First Name Middle Name This Proof of Arlington County Residency form is valid for the current academic school year or until the	Last Name	First Name	Middle Name	APS School		
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§ 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. Printed Name of Parent/Legal Guardian/Adult Student: Last Name	Last Name	First Name	Middle Name	APS School		
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Last Name First Name Middle Name		•				
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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 1 st 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	Signature of Parent/Legal Guar	dian/Adult Student:		Date:		
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belief, under penalty or perjury. My commission expires / / Notary Public To Be Completed by APS Staff	I hereby certify that on this	(day) of	(month)	(year), the above su	bscribers	
To Be Completed by APS Staff	personally appeared before me a	and made oath in due form of the	law that the foregoing facts are true to the bes	st of their knowledge	, information,	
· · · · · · · · · · · · · · · · · · ·	belief, under penalty or perjury.	My commission expires	_ / / Notary Public			
Valid for School Year New Student Enrollment?* □ Yes □ No Update for current APS Student(s)?* □ Yes □ No *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.	Valid for School Year	Date of Notarizat New Student Enr	tion Entered in Student Information System rollment?*	dent(s)?* □ Yes □ No	avits upon registration.	
of 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).						

7/1/2020 File in Student Cumulative File