

**FORM A / ቅጽ A****RESIDENCY STATEMENT OF PARENTS/GUARDIANS / የወላጆች/ህጋዊ አሳዳጊዎች የነዋሪነት ማረጋገጫ ጽሁፍ****Valid from July 1, 2025 to June 30, 2026 / ከጁላይ 1፣ 2025 እስከ ጁን 30፣ 2026 ድረስ የሚያገለግል****INSTRUCTIONS:** To be completed by the parent/legal guardian of school-age students or adult student, when residing in shared housing situation.**መመሪያዎች፦** በሌላ ሰው መኖርያ ቤት በጋራ በሚኖሩ እድሜያቸው ለትምህርት ቤት የደረሱ ተማሪ ወላጅ/ህጋዊ አሳዳጊ ወይም አዋቂ ተማሪ መጠናቀቅ አለበት።**PURPOSE:** To certify that I and my children are living in Arlington, VA on a permanent basis.**ዓላማ፦** እኔና ልጆቼ በቋሚነት የአርሊንግተን ቨርጂኒያ ነዋሪዎች መሆናችንን ለማረጋገጥ።

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

እኔ፣ \_\_\_\_\_ (ወላጅ፣ ህጋዊ አሳዳጊ ወይም አዋቂ ተማሪ) በዚህ  
 ጊዜ እኔና ልጆቼ ከ (Arlington Resident/Leaseholder or Homeowner) ጋር ቀጥሎ በተጠቀሰው አድራሻ የአርሊንግተን ቨርጂኒያ ነዋሪ መሆናችንን  
 አረጋግጣለሁ።

Address/አድራሻ፡ - \_\_\_\_\_ APT No. / የኢፓርትመንት ቁ፡ - \_\_\_\_\_

City/ከተማ፡ - \_\_\_\_\_ State/ስቴት፡ - \_\_\_\_\_ Zip/ዚፕ ኮድ፡ - \_\_\_\_\_

**The names of my school-age children residing with me are:****አብረውኝ የሚኖሩ እድሜያቸው ለትምህርት ቤት የደረሱ የልጆቼ ስም ዝርዝር፦**

1. Student Name/የተማሪ ስም፡- \_\_\_\_\_

APS School/የAPS ት/ቤት፡- \_\_\_\_\_ APS ID/የAPS መ.ቁ.፡- \_\_\_\_\_

2. Student Name/የተማሪ ስም፡- \_\_\_\_\_

APS School/የAPS ት/ቤት፡- \_\_\_\_\_ APS ID/የAPS መ.ቁ.፡- \_\_\_\_\_

3. Student Name/የተማሪ ስም፡- \_\_\_\_\_

APS School/የAPS ት/ቤት፡- \_\_\_\_\_ APS ID/የAPS መ.ቁ.፡- \_\_\_\_\_

4. Student Name/የተማሪ ስም፡- \_\_\_\_\_

APS School/የAPS ት/ቤት፡- \_\_\_\_\_ APS ID/የAPS መ.ቁ.፡- \_\_\_\_\_

**IMPORTANT NOTICE**

Parents/legal guardians, or adult students living in shared housing with an Arlington resident **must provide five (5) required documents** to verify residency. Please refer to the **Residency Forms A and B Instructions and Required Documents Checklist** for complete details.

**አስፈላጊ ማስታወቂያ**

ከአርሊንግተን ነዋሪ ጋር በጋራ መኖሪያ ቤት የሚኖሩ ወላጆች/ህጋዊ አሳዳጊዎች ወይም አዋቂ ተማሪዎች የአርሊንግተን ነዋሪነታቸውን ለማረጋገጥ **አምስት (5) አስፈላጊ ሰነዶችን ማቅረብ አለባቸው።** ለተሟላ ዝርዝሮች፣ እባክዎን የA እና B የነዋሪነት ቅጾችን፣ መመሪያዎችን እና የአስፈላጊ ሰነዶች ማረጋገጫ ዝርዝርን ይመልከቱ።



**FORM A / ቅጽ A**

**RESIDENCY STATEMENT OF PARENTS/GUARDIANS / የወላጆች/ህጋዊ አሳዳጊዎች የነዋሪነት ማረጋገጫ ጽሁፍ**

**Valid from July 1, 2025 to June 30, 2026 / ከጁላይ 1፣ 2025 እስከ ጁን 30፣ 2026 ድረስ የሚያገለግል**

**Residency Certification and Legal Acknowledgment**

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. I understand that this form is only valid from July 1, 2025, to June 30, 2026.

**የነዋሪነት ማረጋገጫ እና ህጋዊ እውቅና**

በVA Code 22.1-264.1 መሰረት ማንኛውም ሰው እያወቁ የልጅን ነዋሪነት በሚመለከት በ§ 22.1-3 በተወሰነው የትምህርት ቤት ክፍል ወይም የትምህርት ቤት መገኘት ዞን ለ (i) በ§ 22.1-5 በተወሰነው መሰረት የትምህርት ክፍያዎች ላለመክፈል ወይም (ii) ተማሪው ከሚኖርበት አካባቢ የአጎራባች ትምህርት ቤቶች ውጪ ለማስመዝገብ ብለው የውሸት መግለጫ የሰጡ፣ በክፍል 4 የስነ ምግባር ወንጀልኛ ሊሆኑ ይችላሉ እናም በቨርጂኒያ ኮድ § 22.1-5 መሰረት በእንደዚህ ባሉ የውሸት መግለጫዎች ምክንያት ተማሪው ለተመዘገበበት የትምህርት ክፍል ተማሪው ለተማረበት የትምህርት ክፍያዎች ተጠያቂ ይሆናሉ።

ልጄ(ልጆቼ) በአርሊንግተን የህዝብ ትምህርት ቤቶች (APS) መመዝገብ በእኔ መግለጫ ላይ የተመሰረተ እንደሆነ ተረድቻለሁ እና ይህ መግለጫ ሐሰት ከሆነ፣ ለልጄ(ልጆቼ) ሙሉ ክፍያ የመክፈል ኃላፊነት እንዳለብኝ ተረድቻለሁ። በተጨማሪም የውሸት መረጃ መስጠት ማጭበርበር እንደሆነ እና ተማሪውን/ተማሪዎችን ከትምህርት ቤቱ ማስዘረዝን እንደሚያስከትል ተረድቻለሁ። ከመኖሪያ ቤቴ ጋር በተያያዘ የመረጃ ምስጢራዊነት መብቶቼን ትቼ የአርሊንግተን የህዝብ ትምህርት ቤቶች የመኖሪያ ቤቴን ለማረጋገጥ ማንኛውንም አይነት ህጋዊ መንገድ እንደሚጠቀሙ ተረድቻለሁ። የራሴ ወይም የልጄ(ልጆቼ) የመኖሪያ ለውጥ በተደረገ በሶስት (3) ቀናት ውስጥ ለርእሰ መምህሩ ወይም ለተወካዩ ለማሳወቅ ተስማምቻለሁ። ይህ ቅጽ የሚያገለግለው ከጁላይ 1፣ 2025 እስከ ጁን 30፣ 2026 ድረስ ብቻ እንደሆነ ተረድቻለሁ።

**Full Name of Parent/Legal Guardian/Adult Student / የወላጅ/ህጋዊ አሳዳጊ/አዋቂ ተማሪ ሙሉ ስም**

**Signature/ፊርማ**

**Date/ቀን**

**\*\*TO BE COMPLETED BY NOTARY\*\***

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 / ESTA SECCION DEBE SER LLENADA POR PERSONAL DE APS**

**Document Expiration Date:** 06/30/2026 **Entered in Synergy by** \_\_\_\_\_

*\*If there are multiple students listed, APS staff receiving original must share copies with sibling(s) school(s).*