



# Jersey Shore Area School District

LEARNING | GROWING | SUCCEEDING

## AFFIDAVIT OF RESIDENCY/GRATIS SUPPORT

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of Resident/Guardian taking child into their home: \_\_\_\_\_

Address of Resident/Guardian: \_\_\_\_\_

Phone number of Resident/Guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's school: \_\_\_\_\_

Name of child's parent(s): \_\_\_\_\_

Address of parent(s): \_\_\_\_\_

Phone number of parent(s): \_\_\_\_\_

### COMMONWEALTH OF PENNSYLVANIA COUNTY OF LYCOMING

I (we) \_\_\_\_\_, being duly sworn according to law depose(s) and say(s) that I (we) presently reside at \_\_\_\_\_ and that I (we) am (are) supporting \_\_\_\_\_, without receiving compensation of any kind for being a caregiver to the child, as if he/she was my own child.

I (we) will assume all personal obligations related to any and all school requirements, including providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending teacher-parent conferences, attending meetings/hearings concerning discipline, and fulfilling any special education requirements. I (we) will assume responsibility for making all educational decisions.

I (we) intend to keep and support \_\_\_\_\_ continuously, twelve months a year, and not merely through the school term.

I (we) state that no other person will contribute to the child's support.

I (we) receive \$\_\_\_\_\_ from another source because of the child's residency in my (our) home. For all such compensation received, please state (1) the source: \_\_\_\_\_; and (2) the purpose: \_\_\_\_\_.

District Service Center  
175 A&P Drive  
Jersey Shore PA 17740

Dr. Brian Ulmer, Superintendent  
Phone 570.398.1561  
Fax 570.398.5089

I (we) will be the only person(s) claiming this child as a dependent for state/federal income tax purposes.

I (we) have received a copy of JSASD Verification of Residency and Eligibility for Educational Services.

**I (we) understand that if I (we) knowingly provide false information in this affidavit, I (we) can be subject to prosecution for a criminal offense for violating PACC 4104(a) Tampering with records or identification, which is a misdemeanor 1 offense and can carry a penalty of up to five years in prison and/or up to a \$10,000.00 fine or both. I (we) also understand that if we provide false information in this affidavit that I (we) will be held liable to the Jersey Shore Area School District for the costs of tuition.**

I (we) will notify the Jersey Shore Area School District immediately in the event that the facts set forth herein shall no longer be correct or shall change. I (we) certify that I (we) will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of this Affidavit.

Those filing this sworn statement hereby agree that if the statement is found to be false, they will immediately become liable for all tuition due and the child involved will be withdrawn from enrollment in the Jersey Shore Area School District. The tuition rates are based on the previous school year rate and are listed below:

Elementary: \$11,970.50

Secondary: \$14,231.45

The facts set forth herein are true and correct to the best of my (our) knowledge, information and belief.

\_\_\_\_\_  
Signature of Resident/Guardian

\_\_\_\_\_  
Signature of Resident/Guardian

\_\_\_\_\_  
Printed Name of Resident/Guardian

\_\_\_\_\_  
Printed Name of Resident/Guardian

\_\_\_\_\_ sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

Name of Resident(s)/Guardian(s)

\_\_\_\_\_  
Notary Public Signature, Seal and Stamp