

**SWORN STATEMENT OF SCHOOL DISTRICT OF LANCASTER RESIDENT
PURSUANT TO 24 P.S. §13-1302**

The following information is required to be submitted by any resident of the School District of Lancaster who requests free school privileges pursuant to Section 1302 of the Pennsylvania School Code for a child or children, not his own, who lives with the resident. If the student(s) live, or will be living, in a household in the School District of Lancaster with more than one resident adult who will assume responsibility for the student(s), all such adult residents must complete and sign this sworn statement.

This is a legal document. You may ask to see a copy of 24 P.S. §13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document.

I _____, being duly affirmed by law, state as follows:
(Resident's Full Name)

I am a resident of the School District of Lancaster currently residing at:

Home Address _____

Home Telephone Number _____ Work Number _____

Relation to Child(ren): _____

I am requesting free school privileges for the following student(s):

Child's Full Name _____

Birth Date _____ Grade _____

Name & Address of Last School Attended _____

Date child began/will begin to reside in your home _____

Child's Full Name _____

Birth Date _____ Grade _____

Name & Address of Last School Attended _____

Date child began/will begin to reside in your home _____

**Add any additional children on the reverse of this form.*

Biological Parent's Name: _____

Address: _____

Is this parent deceased? Yes _____ No _____

Biological Parent's Name: _____

Address: _____

Is this parent deceased? Yes _____ No _____

I am supporting the child/children identified in this sworn statement gratis (without direct payment to you from the student's family or other personal compensation, or gain)? Yes ____ No ____

If *no*, please explain:

I hereby assume all personal obligations related to enrollment of a child in the District, which may include, but is not limited to, providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, or attending meetings/hearings concerning discipline? Yes ____ No ____

If *no*, please explain:

I intend to keep and support the child/children continuously and not merely through the school term, including weekends, summer, etc. (365 days per year)? Yes ____ No ____

If *no*, please explain:

Through my notarized signature, I (we) hereby acknowledge that the School District of Lancaster, pursuant to guidelines issued by the Pennsylvania Department of Education and its own written policy, may require other reasonable information to be submitted to confirm this sworn statement. I (we) understand the School District of Lancaster's policy pertaining to tuition students and the residency requirement necessary for free school privileges under Section 1302 of the Public School Code. I grant the School District of Lancaster permission to investigate the information I have presented in this statement by discussing the information presented with all appropriate parties, as necessary, to confirm the factual accuracy of the information.

Per 24 P.S. §13-1302, a person who knowingly provides false information in the above statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with §2561 during the period of enrollment.

Signed by Resident: _____ Date: _____

Print Name: _____

Affirmed and subscribed before me, Notary Public, in and for the Commonwealth of

Pennsylvania, this _____ day of _____, 20_____.

Notary Public

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For Office Use Only

Status of Application

Approved _____ Not Approved _____
Signature-Executive Director of Student Services/Date

Notes: _____

Home Visit – Information Verification

Investigated by: _____ Date: _____

Signature

Case Notes:

New: _____

**Return to Enrollment Office.*

Renewal: _____

**Return to Office of Student Services.*

Principal Signature: _____ Date: _____