

PROOF OF ARLINGTON COUNTY RESIDENCY
ARLINGTON PUBLIC SCHOOLS
1426 North Quincy Street
Arlington, Virginia 22207

STATEMENT OF PARENT(S)/GUARDIAN(S)

I hereby affirm that I am residing with _____
(Name of Arlington Resident)

(Address) (Home Phone) (Work Phone)

The names of my children also residing with me at the above address are:

_____ Attending School _____
_____ Attending School _____
_____ Attending School _____

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 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. Under §22.1-264.1 of the Code of Virginia, any person who knowingly makes a false statement concerning the residency of a child for the purpose of avoiding tuition, shall be guilty of a Class 4 misdemeanor. 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.

***This form is valid for six months from the date of application. Continued enrollment after such time requires completing a new application and providing appropriate documentation. Failure to do so will result in withdrawal of the named child(ren) from Arlington Public Schools.**

Printed Name of Parent/Guardian (Home Phone) (Work Phone)

Signature *Date

I hereby certify that on this ___ day of _____, 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 School Personnel

___ Entered date in ESchools+
___ Submitted copy to Department of Student Services ___ Please forward copy to sibling(s) school