

PROOF OF RESIDENCY

Complete this form and return it notarized to the school serving your attendance zone. This form is valid only for the school year in which it is submitted and must be resubmitted for each new school year.

Date Parent/Legal Guardian began residing at address:		School: School Year:			Year:		
I(Name of Resident) (Street Address)		C] Own 🔲 Rent 🗌 Leas	e Housing	and reside at:		
		(City)	(State)	(Zip)		
(Home Phone)			(Work Phone)				
Parent/Guardian Name	Status	Place of Employment, Telephone					
	Natural Parent Legal Guardian						
	🗋 Natural Parent 🗌 Legal Guardian						
Name of Student	Date of Birth	Grade	Last School Attended, City	y, State			

Before the undersigned officer, and being first duly sworn, I depose and state as follows:

- 1. That I am the parent/court appointed legal guardian of each child listed above.
- 2. That each child listed above resides with me full time at the address listed above.
- 3. I understand that I must notify Dinwiddie County Public Schools within 14 days if I change residence or if any child listed above should change residence. I further understand that should a principal have reasonable suspicion that my residency status has changed, I may be required to submit a new proof of residency.
- 4. I understand that representatives of Dinwiddie County Public Schools may visit my home to verify residency.
- 5. I agree and understand that any falsification of information may result in the immediate removal of my child/children from Dinwiddie County Public Schools.
- 6. Code of Virginia: 22.1-264.1. Any person can be charged with a Class 4 misdemeanor for knowingly making a false statement concerning the residency of a child in a particular school division or school attendance zone if the purpose is to avoid tuition or to enroll the student in a school outside the attendance zone which the student resides. Additionally, a school division may charge the parent of each child in violation of residency the equivalent tuition costs. The use of a false address is a crime and legal action will be sought in such cases.

If the property listed above is owned by its resident, attach a copy of both the current and previous month's electric utility bill showing active service in the name of the resident.

OWNER/LANDLORD/PRIMARY RENTER AFFIDAVIT – This section should be completed when the registering parent/legal guardian does not have a proof of residency in his/her name and lives with another Dinwiddie County resident.

Before the undersigned officer, and being first duly sworn, I depose and state as follows:

- 1. I am the legal owner, landlord or renter of the property listed above.
- 2. The persons listed above in this document reside with me full-time or have my consent to live full-time at the address above.
- 3. I understand that I must immediately notify Dinwiddie County Public Schools if any person listed in this document should change residence.
- 4. I understand that representatives of Dinwiddie County Public Schools may visit my home to verify residency of the persons listed above.
- 5. I understand that a student enrolled in Dinwiddie County Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
- 6. Code of Virginia: 22.1-264.1. Any person can be charged with a Class 4 misdemeanor for knowingly making a false statement concerning the residency of a child in a particular school division or school attendance zone if the purpose is to avoid tuition or to enroll the student in a school outside the attendance zone which the student resides. Additionally, a school division may charge the parent of each child in violation of residency the equivalent tuition costs. The use of a false address is a crime and legal action will be sought in such cases.

If the property listed above is rented or leased by its resident, attach a copy of the current lease or rental agreement and proof of payment for the current and previous month's occupancy and permission must be granted hereon by the owner/property manager of the property listed above for the persons listed above to reside with the renter/leasee. Permission granted by (Print owner/property manager name):

Authorized signature:	Telephone:	(Home)	(Cell)
Current Address:			

Certification (Proof of Residency): I hereby certify that all of the above information is true and correct, and I agree and understand that any falsification of

information may result in the immediate removal of my child/children from Dinwiddle County Public Schools. I also agree and understand that any falsification of information will make me responsible for paying full nonresident tuition for my child/children from the date of enrollment in Dinwiddle County Public Schools.

Signature of owner/renter/leasee	Date	Signature	of Parent/Guardian/Custodian	Date
In the City/County of	in the Commo	onwealth of Virginia,	the statements hereon have be	en sworn to and
subscribed before me this day of		in the year		
Witness my hand and official seal:				
My commission expires:				
			Notary Public	
For office use only: Approve Disapprove	Date:			