

PALISADES SCHOOL DISTRICT

No. 202.1

ADMINISTRATIVE REGULATION

APPROVED: January 24, 2013

REVISED: October 12, 2016

SWORN STATEMENT BY RESIDENT SWORN STATEMENT BY RESIDENT UNDER §13-1302: TO BE COMPLETED BY PALISADES' RESIDENT ONLY

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.

Instructions: Please complete the following statement if the non-resident student is living, or will be living, in a household with at least one resident adult. The following adults need to complete this form: (1) the resident adult with whom the non-resident student will be living (complete front of form) and (2) the non-resident parent/guardian (complete back of form if NOT living with the child at the designated Palisades' address). This form must be completed and returned to the appropriate school office upon registration and by the start of each school year thereafter.

1. Your Name _____
Home Address _____
Home Telephone Number _____ Work Number _____
2. Do you live in the school district and does the child live with you? Yes _____ No _____
3. Child's Full Name _____
Birth Date _____ Grade _____
Name & Address of Last School Attended _____
Date child began/will begin to reside in your home _____
4. Are you supporting this child gratis (without personal compensation or gain)? Yes _____ No _____
5. Will you assume all personal obligations related to school requirements for this child that may include 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 provide name of responsible party and relationship to the child: _____
6. Do you intend to keep and support the child continuously and not merely through the school term? Yes ___ No ___

Commonwealth of Pennsylvania

County of _____

Through my notarized signature, I/We understand that the school district, pursuant to guidelines issued by the Department of Education and their own written policy, may require other reasonable information to be submitted to confirm this sworn statement.

Signed by resident(s) and notarized _____

Date (this form is valid for the current school year): _____

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public

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.

**PALISADES SCHOOL DISTRICT
39 THOMAS FREE DRIVE
KINTNERSVILLE, PA 18930
DECLARATION OF INTENT
Completed by Non-Resident Parent(s)/Guardians(s)
Current School Year: _____**

TO THE PALISADES SCHOOL DISTRICT:

We/I, the parent/guardian(s) of _____, hereby declare that
Child's Full Name

_____ will be the primary point of contact for the School District for
Name of District Adult Resident

academic, behavioral, and financial obligations relative to enrollment as a student in the Palisades School District.

We/I further attest that these arrangements are made of necessity and not for the convenience of the child, or for ourselves. This arrangement will continue throughout the entire school year. This form must be completed and returned to the appropriate school office by July 1st of each year.

_____	_____
Parent/Guardian Signature	Date

Parent/Guardian Name Printed	
_____	_____
Parent/Guardian Signature	Date

Parent/Guardian Name Printed	

Commonwealth of Pennsylvania
 County of _____
 Through my notarized signature, I/We understand that the school district, pursuant to guidelines issued by the Department of Education and their own written policy, may require other reasonable information to be submitted to confirm this sworn statement.
 Signed by resident(s) and notarized _____
 Date (this form is valid for the current school year): _____
 Sworn to and subscribed before me this _____ day of _____, 20____

 Notary Public