



## School Choice

This form is to be completed by parents applying for Online School Choice Programs ONLY. This form cannot be used for enrollment into the selected School. ONLY pages 2-3 of this form can be used to complete registration at the school your child will be enrolled. **Parents must complete the Affidavit of proof of residence supplied by the Registrar or Administration for the school in which the student will be enrolled.**

The purpose of this form is to show proof of residence if you are a Parent or legal guardian living in the DeKalb County School District whose residence is located in the home of another adult living within the boundaries of the DeKalb County School District. This Affidavit of Residence is valid for the current school year only, as long as the student and the student's parent(s) or legal guardian(s) continue to reside at the address listed on the affidavit during that school year.

Parent(s) or legal guardian(s) must submit this Affidavit of Residence and all required documents (listed below) to the School Choice Office within the 30 days of the date that the Notary Public certifies the Affidavit of Residence.

### 1. Required Documents for Proof of Residence

#### Parent(s)/Legal guardian(s):

- (1) Completed Affidavit of Residence (pages 2-4) certified by a notary public before submitting to School Choice Office;
- (2) A photo ID
- (3) A piece of official business mail addressed to the parent(s)/ legal guardian(s) at the address listed on Affidavit of Residence. **All three** of these items **are required**

#### Owner/Lessee:

- (1) Page 4 of the Affidavit of Residence must be completed;
- (2) A photo ID;
- (3) Apartment/house lease or mortgage deed and
- (4) A current utility bill (must be gas, electric, or water) in the name of the owner/lessee. **All four** of these items **are required**.

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**Pages Two and Three of the Affidavit of Residence must be completed by the student's parent(s) or legal guardian(s) and witnessed by a notary public before coming to the school.**

**Affidavit of Parent(s) or Legal Guardian(s)**

I, \_\_\_\_\_, of lawful age, being first duly sworn under oath state that:  
Print Full Name

1. I presently and permanently reside at \_\_\_\_\_

which is my legal residence located in DeKalb County, Georgia but outside the city limits of Atlanta or Decatur.

2. I am the parent or legal guardian of \_\_\_\_\_,  
Print Student's Full Name  
\_\_\_\_\_, \_\_\_\_\_,  
Print Student's Full Name Print Student's Full Name  
\_\_\_\_\_, \_\_\_\_\_,  
Print Student's Full Name Print Student's Full Name

who reside(s) with me at the address listed in paragraph 1 above.

3. My child(ren) and I began residing at the address listed above on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
Month Day Year

4. The name and last known address of the student's parent(s) or legal guardian(s):  
Parent(s) or Legal Guardian(s) Name \_\_\_\_\_  
Address \_\_\_\_\_

**Affirmations:**

1. I attest that this request to attend \_\_\_\_\_ is not primarily intended to allow the student to attend a particular school that he or she would not otherwise be able to attend because it is outside of his or her designated attendance area, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, to utilize special services or programs offered at a particular school, or any other similar reason.
2. I further attest that the student(s) named above is (are) not currently under a long-term suspension or expulsion from his/her/(their) most recent school nor is he/she/(their) currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.
3. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.

4. I also understand that the DeKalb County School District Superintendent or designee may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the student has enrolled in a public school with the DeKalb County School District. The audit may include a personal visit to the student's home at the residence listed in this affidavit by a school district attendance officer or other employee of the District to verify the facts sworn to in this affidavit.

**NOTICE OF PENALTIES AND CRIMINAL LIABILITY**

I, \_\_\_\_\_ understand that if I provide false information or defraud the DeKalb County School District on this Affidavit of Residence, I will be required to pay for the costs incurred by the District for the period that the ineligible student is enrolled, as set forth in O.C.G.A. § 20-2-133.

If the costs incurred by the DeKalb County School District are collected by an attorney, I may be obligated to pay for all expenses and attorneys' fees incurred by the Board of Education in the collection of same.

I may be prosecuted, held criminally liable and imprisoned for not less than one nor more than ten years if I am found guilty or forgery in the first degree, pursuant to O.C.G.A. § 16-9-1.

I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.

I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20.

I may be prosecuted, held criminally liable and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71.

By executing this affidavit, I solemnly swear or affirm under the penalties listed above that the contents of this affidavit are true and accurate.

\_\_\_\_\_  
Signature of Parent / Legal guardian Date

**Section for Notary Public**

**SWORN TO (OR AFFIRMED) AND SUBSCRIBED  
BEFORE ME ON THIS**

\_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_,

\_\_\_\_\_  
Notary Public

[Notary Seal]

My Commission

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This page (page 4) is to be completed by the owner/lessee.

### Sworn Statement of Owner/Lessee

\_\_\_\_\_, of lawful age, certify that I am the (circle one) owner /lessee of the premises identified in paragraph 1 on page 2 of the Affidavit of Residence, and that the above named parent(s)/Legal guardian(s) and student(s) permanently reside at the address identified in paragraph 1 on page 2 of the Affidavit of residence.

### NOTICE OF PENALTIES AND LIABILITY

I, \_\_\_\_\_ understand that I may be subject to the following criminal liability for engaging the following conduct.

I may be prosecuted, held criminally liable and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1.

I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.

I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. 16-10-20.

I may be prosecuted, held criminally liable and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71.

By executing this statement, I solemnly swear or affirm under the criminal penalties listed above that the contents of this statement are true and accurate.

Signature: \_\_\_\_\_

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

Owner/Lessee Name \_\_\_\_\_

Print Full Name

Address \_\_\_\_\_

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**\*\*It is not necessary for the owner/lessee to appear at the School Choice office. Documents may be scanned and uploaded into the application or submitted to the School Choice Support Center.**