

# SWORN STATEMENT BY RESIDENT

Please complete the following form to verify that:

- You are a current resident of Shippensburg Area School District
- Named parent/guardian and his/her child or children are residing in the same addressed residence
- You have provided the Shippensburg Area School District proof of residency

1. Your Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Work Number \_\_\_\_\_

2. Do you live in the school district and at this address? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Parent/Guardian and Child/Children's Names who reside at your address

Parent/Guardian Name \_\_\_\_\_

Child #1 Name \_\_\_\_\_

Child #2 Name \_\_\_\_\_

Child #3 Name \_\_\_\_\_

Through my signature, I acknowledge the information provided on this form to be true.

Signed by resident(s) \_\_\_\_\_

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

- Signed in front of Shippensburg Area School District Registrar

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date

- If the form cannot be signed in front of the registrar, this form must be signed in front of certified notary

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Date