

RESIDENCY ATTESTATION

PURPOSE: To certify that I am the natural parent, the adoptive parent, or the legal guardian of the child or children I am enrolling in school and that we will be living together in Fairfax County on a permanent basis.

CERTIFICATION

I certify that I am currently residing with my child(ren) in Fairfax County at:

Number, Street

Apt. Number

City

VA
State

ZIP Code

I further certify that the documentation presented as proof of domicile in Fairfax County attests to my permanent move to Fairfax County.

I acknowledge that this statement is accepted in good faith by school officials, and I further understand that I could be responsible for the payment of tuition for the time my child(ren) attended Fairfax County Public Schools if I leave Fairfax County. **I shall notify the school if I leave the county for any length of time and leave my child(ren) in the care of a relative or other adult.**

I understand that providing false or otherwise untrue information for school enrollment purposes constitutes a Class 4 misdemeanor.

Student Name(s) _____

Print Parent or Guardian Name _____

Parent or Guardian Signature

Date