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**VERIFICATION OF RESIDENCY AFFIDAVIT
TO BE USED BY FAMILIES LIVING WITH ANOTHER SPOTSYLVANIA COUNTY RESIDENT**

Student Name: _____
Last First

Date of Birth: _____

Parent/Guardian Name: _____

School: _____

Directions: In order to attend a school in Spotsylvania County a student must be a resident of the district. When a student and the parent/guardian are residing in a residence other than their own, the person with whom the family is living and the parent/guardian should complete this form and have it notarized. This notarized form along with proof of residency, will be used for the purpose of determining eligibility to enroll a student in Spotsylvania County Schools. When you sign the verification of residency affidavit, you are assuring the district that the primary resident, the parent(s)/legal guardian(s), and student(s) are in fact residents of Spotsylvania County. **Any person providing false information relating to residency shall be guilty of a misdemeanor. Additionally, if the student does not continue to reside at this address or if the information is found to be inaccurate the student will be withdrawn and the family could be billed for past tuition.**

Please read and sign the statement below as part of the affidavit process.

STATEMENT:

I certify that all the information provided on the Verification of Residency affidavit is true and accurate. I also understand that any person giving false information to Spotsylvania County Schools may be subject to prosecution for perjury in the third degree, signing a false statement, and grand larceny.

SIGNATURE OF HOMEOWNER: _____ **DATE:** _____

PRINT NAME: _____

ADDRESS: _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PRINT NAME: _____

ADDRESS: _____

Notary Use Only: Certificate of Acknowledgment:

City/County of _____, Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

By (name of homeowner): _____

By (name of parent/guardians): _____

Notary: _____

My commission expires: _____