



Buford City Schools

Date _____

RESIDENCY AFFIDAVIT

Student Name _____

Grade _____ Teacher _____

Home Address: _____
_____/ GA / _____ / _____
City State Zip County

Parent/Guardian Name: _____

Home Phone: (____) _____

Is this a different address from last school Year? ___Yes ___No

Day Phone: (____) _____

List the name of each person residing at this address.

You **MUST** include all **adults** and all **children** residing at this address on the lines below:

Is this a multi-family home? ___Yes ___ No / Is this home zoned a multi-family residence with the City of Buford? ___ Yes ___ No

List any siblings/individuals in the home that attend any Buford City School or other public/private school:

1) _____ 2) _____ 3) _____ 4) _____

PLEASE CHOOSE THE **ONE** AREA WHICH APPLIES TO YOU (#1-#3 OR #4) AND SIGN APPROPRIATE BOX.

1. OWN In the City of Buford

*Currently own your residence.

Documentation Required:

City of Buford Utility Bill

*MUST be current bill (within 2 months) and include garbage pickup.

Legal Signature of Parent or Guardian (Required)

2. RENT in the City of Buford

___ APARTMENT ___ HOME

Documentation Required:

A current copy of your lease or rental agreement with date of expiration with signature page and the following information:

(Name of Complex or Property Owner)

(Property Owner's Phone)

Legal Signature of Parent or Guardian (Required)

3. Live OUTSIDE the City of Buford

___ Student is a current TUITION member.

Information is on file with Central Office

___ *Buford City Schools Employee

___ *Buford City Employee

*Fill in Information below:

Employee Name

Location or Job Title

Relation to Student

Legal Signature of Parent or Guardian (Required)

4. LIVE WITH in the City of Buford - A residential owner-landlord/lessee document must be signed, notarized and returned. Said address listed above is owned by said listed property owner below. He/She swears primary resident to occupy the dwelling with their child(ren) and are continuing an ongoing physical presence in which they intend to make their true, fixed, and permanent home by ____/____/____ (date) or I will provide you with a new permanent address and new Residency Affidavit. I am aware and acknowledge that this Affidavit is sworn to under oath and capable of being introduced into a court of law. I further acknowledge that if the information attested to is found to be false and/or if information attested to is made with the intention of receiving educational services from the Buford City School System in circumvention of the Non-Resident Tuition Policy, the Board of Education of the City of Buford reserves the right to inform the District Attorney's Office and seek criminal prosecution of such matter for the theft of services and/or other law under the state of Georgia.

Relationship: Friend/Neighbor ___ Relative ___

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

Legal Signature of Property Owner/Landlord

(Signature of Notary Public)

(My commission expires)

Legal Signature of Parent or Guardian(Required)

Witness

****Please note that a new affidavit with current documentation is required at the beginning of every school year. This affidavit becomes void upon any change of address, and a new form with updated documentation will be required immediately****