

Lake-Lehman School District
PO Box 38
Lehman, PA 18627
570-255-2815
Fax: 570-674-2951

Student Name: _____ Grade: _____ DOB: _____
Student Name: _____ Grade _____ DOB: _____
Student Name: _____ Grade _____ DOB: _____

RESIDENCY AFFIDAVIT 24 PS §13-1302- MUST BE NOTARIZED

I/we attest that all information provided here is correct and current. I/We understand that if residency should change for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law.

I/We, _____, currently reside at:

_____ Telephone Number _____

Homeowner's Verification

Homeowner's Name _____ Telephone Number _____
Homeowners Signature _____ Date _____

SIGNER IS A RESIDENT OF THE LAKE-LEHMAN SCHOOL DISTRICT, submitting TWO (2) of the following to the school district along with the notarized affidavit:

- ___ Utility bill clearly indicating the residence to which services are being supplied
- ___ Copy of State/Federal program enrollment
- ___ Copy of paycheck stub with name and address of employee AND employer
- ___ Copy of Municipal/County tax receipt
- ___ Copy of School Tax receipt (NOT School per capita)

Landlord Verification

Landlord's name: _____ Telephone Number: _____

Landlord's Signature: _____ Date _____

Through my notarized signature, I/We grant the school district permission to investigate the above information that I/We have presented in this affidavit for confirmation and factual accuracy.

Signed by resident(s) and notarized _____ Date _____

Sworn and subscribed before me this

My Commision Expires:

_____ day of _____ 20____

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Affidavit by Resident/Guardian in Connection with Request by Non-Resident Student to attend Lake-Lehman School District Commonwealth of Pennsylvania, County of Luzerne

AND NOW, Pursuant of Section 1302 of the Public School code of 1949, 24 P.S. 13-1302, to me known, who after being duly sworn, deposed and says:

1. I am a resident of the Lake-Lehman School District.
2. I am supporting (Student name) _____ gratis, as if he/she were my own. Familial relationship: _____.
3. I have assumed and will assume all personal obligations of (student) _____ relative to school requirements.
4. I will keep and support (student) _____ continuously and not merely through the school term.
5. I understand that any false statement contained within this Affidavit subjects me to criminal or civil action and is cause for rejection of application.
6. I understand that the Lake-Lehman School District will report to the Internal Revenue Service the change in dependency status of (student) _____.
7. I am currently paid up with all my school tax obligation: ___Y ___N
**Please attach copies of tax receipts, property taxes, wage tax, per capita tax for current year or come to the district office for verification.
8. I understand that if it is determined by a court of law that the statements contained within this Affidavit are untrue, I may be required to pay the Lake-Lehman School District tuition, cost of investigation, and attorney's fees incurred by the District.

_____ Resident Guardian for _____
Guardian Signature Student Name

Guardian Name (Please Print) _____

Guardian Mailing Address _____

Guardian Home Phone: _____ Guardian Cell Phone: _____

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

My Commission Expires

As natural parent for (student) _____, I understand that I no longer have financial obligation for my child and therefore cannot claim this child as an IRS dependent.

Signature of Natural Parent

Date

Signature of Natural Parent

Date