



Dr. John A. Jackson, Superintendent

# Oconee County Schools

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David Weeks, Chair  
Mack Guest, Vice Chair  
Kim Argo, Post 3  
Mike Hunter, Post 4  
Tom Breedlove, Post 5

## Oconee County Schools Residency Affidavit Form

1. I, \_\_\_\_\_ (check one only)

\_\_\_\_\_ own a home or apartment which I rent to the party named below.

\_\_\_\_\_ attest that the person(s) named below live(s) with me at the following address.

2. I certify that the following person(s) are residing full time at the address listed below.

\_\_\_\_\_  
Name(s) of Parent(s)/Guardian(s)

\_\_\_\_\_  
Name(s) of Child(ren)

\_\_\_\_\_  
Street Address/City/Zip Code

3. As Owner/Lessor, I agree to provide the school system with one or more of the following items in my name and the property address listed above as Proof of Residency:

- A current mortgage statement
- A current lease or rental agreement
- Current government mail (county/state/federal)
- A current gas, water or electric bill (reflective of a family in residence, full-time)

**\*\*Current is defined as within the past 30 days.**

\_\_\_\_\_  
Owner Initial As owner/Lessor, I understand that this statement is being made in order to provide Proof of Residency so that the above named child(ren) may be admitted to, or permitted to remain, in the Oconee County Schools.

\_\_\_\_\_  
Parent Initial As the enrolling parent(s)/ Guardian(s), I, \_\_\_\_\_, attest that I do not live in any other residence. I also attest that the living arrangement is not solely for the purpose of establishing school attendance eligibility. I understand that if I establish my own residence, I will immediately provide the school with proof of address in my name. This Residency Affidavit will expire on \_\_\_\_\_. (the last day of the \_\_\_\_\_ school year)

\_\_\_\_\_  
Parent Initial Each person executing this affidavit authorizes the Oconee County Schools to verify the information provided herein, including the address from any social service agency, gas, water, or electric utility. Each of the undersigned authorizes such agency or utility too provide any requested information to verify any representation made herein.



Accredited by Southern Association of Colleges & Schools Council on Accreditation and School Improvement (SACS CASI)

\_\_\_\_\_  
Parent  
Initial

I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from the Oconee County Schools upon discovery. Further, I understand that a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing of document, knowing the same to contain any false fictitious, or fraudulent statement of entry, in any matter; shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both (O.C.G.A. 16-10-20). False information may result in the loss of a student's athletic eligibility for one calendar year.

**I have read and understand the above:**

\_\_\_\_\_  
Notary Public Seal

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Seal

\_\_\_\_\_  
Signature of Owner/Lessor

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Date

**Approved:**

\_\_\_\_\_  
School Administrator/Designee