



DOWNTOWN AREA SCHOOL DISTRICT

Guardianship Affidavit (NO200-AG-3)

INFORMATION AND AFFIDAVIT RELATIVE TO CHILDREN LIVING IN THE DOWNTOWN AREA SCHOOL DISTRICT WITH SOMEONE OTHER THAN THEIR PARENTS

The law of Pennsylvania states “A child shall be considered a resident of the school district in which the natural parent(s) reside.” The law further states that if a school-aged child lives with someone other than the parent(s), the school district shall determine the residency status of the child based upon the information provided by the resident.

The Downingtown Area School District Board of School Directors requires the filing of an application and a sworn statement prior to the admission of the children to our schools. The application and original affidavit must be submitted to the District Administration Office prior to admission. Should the facts indicate that the case does not comply with the legal requirements, a notice will be sent to that effect and the children will not be enrolled. Otherwise, admission will be granted on an annual basis. Periodic verification will be made by the School District to confirm the ongoing status of the child.

This affidavit must be submitted and approved annually

Resident Supporting Child Gratis: _____ **Phone Number:** _____

Address: _____

1. List the names of the children, not your own, who are living with you.

Name	Date of Birth	Relationship	Supported as your own since	School

2. Do you receive, have you received, or do you expect to receive any money or other direct compensation or consideration for the care or maintenance of the children? Yes No

If yes, please explain:

3. Provide the name and address of the natural mother and natural father of the children. (Please note if either or both parents are deceased, or if this information is not known).

Name of Natural Parent(s)	Address	School District of Residence

4. Describe as clearly as possible the reasons for keeping the children including a statement of why the parents are not supporting them:

STATEMENT OF PARENT(S)/GUARDIAN AND INDIVIDUAL WHO WILL BE SUPPORTING THE CHILD GRATIS

I hereby give the Downingtown Area School District authorization to contact any/all of the following to verify residency, dependency and authenticity of information given on these forms:

- Internal Revenue Service
- Current or Previous Landlord
- Employer
- Bureau of Motor Vehicles
- Welfare Agency
- US Postal Service

- *I will support the children listed on this application gratis.*
- *I will assume all personal obligations and responsibilities for the academic achievement and good standing of the children.*
- *I intend to keep and support the children continuously and not merely through the school term.*
- *If this statement is found to be false, I understand that I will liable for tuition costs from the date of admission, and the children involved will be excluded from Downingtown Area School from Downingtown Area School District schools.*

Signature of Resident Supporting Child Gratis

Date

My signature indicates that my child is being supported gratis by the above signed individual and that my child is living fulltime, not just the school year, at the above signed individual's residence.

Signature of Parent(s) or Guardian

Date

Notary Public Seal and Stamp