



LEASEHOLDER OR HOMEOWNER AFFIDAVIT

I hereby affirm or swear that the adult(s) listed below and their children live in my residence at the following address:

_____	_____
Number, Street	Apt. Number
_____	_____
City	VA State ZIP Code

*(Property deed or lease agreement **must** accompany this affidavit.)*

Print Parent or Guardian Name(s) _____

Student Name(s) _____

I understand that enrollment of the student(s) named above is based on my statement and that if this statement is false I may be liable for payment of tuition for the student(s). I also agree to notify the school principal of any change in the residency of the above named student(s) within three days of such change.

Printed Name of the Homeowner or Leaseholder Phone Number

Homeowner or Leaseholder Signature Date

Subscribed and sworn before me this _____ day of _____, 20____.

State _____ County _____. My commission expires _____.

Witness my hand in official seal.

notary public