

SHARED HOUSING FORM A
PROOF OF CITY OF ALEXANDRIA RESIDENCY
ALEXANDRIA CITY PUBLIC SCHOOLS
1340 Braddock Place
Alexandria, VA 22314
STATEMENT OF PARENT(S)/GUARDIAN(S)

I hereby affirm that I am residing with _____
(Name of City of Alexandria Resident)

(Address) (Home Phone) (Work Phone)

The names of my children also residing with me at the above address are:

<u>Name(s)</u>	<u>Age(s)</u>	<u>Attending School(s)</u>

Please read and initial the following statements:

- I understand that enrollment of my child(ren) in the Alexandria City Public Schools (ACPS) is based on my statement, and if this statement is false, I understand that I am liable for payment of full tuition for my child(ren). I hereby waive my rights to confidentiality of information relative to my residence and understand that ACPS will use whatever legal means it has at its disposal to verify my residence. Under §22.1-264.1 of the Code of Virginia, any person who knowingly makes a false statement concerning the residency of a child for the purpose of avoiding tuition, shall be guilty of a Class 4 misdemeanor.
- I also agree to notify the principal or designee of any change of residence of myself or my child(ren) within three (3) days of such change.
- I also understand that supporting documentation in my name (i.e. second form of residency verification) is required to be submitted along with this form as noted on School Board Regulation JEC-R (School Admission).

***This form is valid for six months from the date of application. Continued enrollment after such time requires completing a new application and providing appropriate documentation. Failure to do so will result in withdrawal of the named child(ren) from the Alexandria City Public Schools.**

Printed Name of Parent/Guardian (Home Phone) (Work Phone)

Signature *Date

I hereby certify that on this ___ day of _____, the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true to the best of their knowledge, information, belief, under penalty of perjury.

My Commission Expires ___/___/___ Notary Public _____

<u>To Be Completed by School Personnel</u>	
___ Entered date in Power School	___ Student ID # _____
___ Submitted copy to Department of Student Services	___ Please forward copy to sibling(s) school

SHARED HOUSING FORM B
PROOF OF CITY OF ALEXANDRIA RESIDENCY

ALEXANDRIA CITY PUBLIC SCHOOLS
1340 Braddock Place
Alexandria, VA 22314
STATEMENT OF CITY OF ALEXANDRIA RESIDENT

I hereby affirm that I reside at:

Street Address

City State Zip Code
(A copy of the City of Alexandria Residents Mortgage, Current Lease Agreement, or Deed with a copy of the current property tax bill must accompany this form.)

Living with me are the adults listed below who have school-age children to be enrolled in Alexandria City Public Schools:

Name(s) of adult(s) residing with me:	Name(s) of their children(s) residing with me:

Please read and initial the following statements:

- I understand that enrollment in the Alexandria City Public Schools (ACPS) of the child(ren) of the adult(s) identified on **FORM A** is based on my statement. If this statement is false, I understand that I am liable for payment of full tuition of the child(ren). Under §22.1-264.1 of the Code of Virginia, any person who knowingly makes a false statement concerning the residency of a child for the purpose of avoiding tuition, shall be guilty of a Class 4 misdemeanor.
- I will notify the principal or designee of any change of residence of the named adult(s) or child(ren) within three (3) days of such change.
- I understand that the adult(s) listed above is/are required to provide supporting documentation in their name (i.e. second form of residency verification) along with this form as noted in School Board Regulation JEC-R (School Admission).

***This form is valid for six months from the date of application or until the named applicant ceases to reside in the City of Alexandria. If the applicant continues to be an Alexandria resident after six months, a new form and supporting documents must be submitted. Failure to do so will result in withdrawal of the named child(ren) from the Alexandria City Public Schools.**

Printed Name of City of Alexandria Resident (Phone Number) (Work Phone)

Signature of City of Alexandria Resident *Date

I hereby certify that on this ___ day of _____, the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true to the best of their knowledge, information, belief, under penalty of perjury.

My Commission Expires ___/___/___ Notary Public _____

To Be Completed by School Personnel

____ Entered date in Power School
Submitted copy to Department of Student Services

____ Student ID # _____
Please forward copy to sibling(s) school