Coweta County School System Affidavit of Residence*

The undersigned, first being duly sworn, deposes and says that he/she is the parent/guardian of the student or student(s) listed below and said student or student(s) live with the undersigned, and that both the student or student(s) and the undersigned are bona fide fulltime residents of Coweta County and that they reside at (List Complete Residence Address)

Coweta County, Georgia.

Complete Residence Address)		Coweta County		
Georgia.				
Student's Name	<u>Grade</u>	Name of school attending in 2008-2009		
1				
2		-		
3	<u> </u>			
4				
5				
Previous home address/phon Signature of Parent/Guardia		Home Phone Number		
		Cell Phone Number		
	Sworn to an	d subscribed before me this		
	day	y of		
	(Notary Pub	lic)		
(Notary Seal)				

*Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement, in any matter within the jurisdiction of any department or agency of the government of any political subdivision of this State, including a school system, 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. Ga. Code §16-10-20.

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Parent/Guardian Initials