



HEMPFIELD AREA SCHOOL DISTRICT  
4347 Route 136, Greensburg, PA 15601-9315  
(724) 834-2590

Dr. Tammy S. Wolicki  
*Superintendent*  
Dr. Mark A. Gross  
*Assistant Superintendent*  
*Secondary*

Dr. Matthew R. Conner  
*Assistant Superintendent*  
*Elementary*  
Mr. Wayne J. Wismar  
*Business Manager*

*Committed to Educational Excellence*

## PARENTS' DECLARATION AND AUTHORIZATION UNDER §13-1302

### Parent Affidavit Granting Permission for Student to Reside Outside the Home

It is the policy of Hempfield Area School District to comply with the Pennsylvania School Code's requirements regarding a child's rights to a free public school education, while at the same time, ensuring that local taxpayers do not unfairly support a free education for children who are not entitled. This authorization is to be completed by the parent of the child who is seeking admission as a non-resident student.

I here authorize (RESIDENT) \_\_\_\_\_ to enroll (STUDENT) \_\_\_\_\_ in the Hempfield Area School District, to sign any and all documents necessary to accomplish the enrollment, permitting he/she/they to receive any and all school records regarding my child, including, but not limited to, grades standardized test scores, and to act in loco parentis in all aspects of my child's education.

I understand and acknowledge that (RESIDENT) \_\_\_\_\_ is providing the full and complete financial and personal support for my minor child without reimbursement from me, and that (RESIDENT) \_\_\_\_\_ shall keep and support my child continuously and not merely through the current school year or merely while school is in session. I hereby declare that my child shall be residing continuously with (RESIDENT) \_\_\_\_\_.

I understand that if Hempfield Area School District admits my child, it will be doing so in reliance upon this authorization and declaration. If it is subsequently determined that anything contained herein is inaccurate or false, I understand that my child shall be removed from school and I shall be responsible for all tuition charges that accrued while my child improperly attended Hempfield Area School District. I am hereby advised that Hempfield Area's tuition is approximately \$8,700.00 per school year.

Under the Internal Revenue Code Section 137, taxpayers must generally furnish over half of the support for a dependent during the applicable calendar year to qualify for an exemption. I understand that I may no longer be entitled to claim my child as a dependent, and I understand that I may be required to provide Hempfield Area School District proof that I have not claimed my child as dependent while the child is enrolled in Hempfield Area School District.

I permit (RESIDENT) \_\_\_\_\_ to assume all personal obligations for my child relative to the requirements of the Hempfield Area School District that may include providing for required immunization, uniforms, fees/fines, citation/fines for truancy, attending parent-teacher conferences, attending meetings/hearings concerning discipline, and fulfilling any special education requirements.

If circumstances change after the execution of this document so that any of this document ceases to be true, I shall immediately notify Hempfield Area School District. Failure to do so will result in my child being removed from school and my being responsible for all accrued tuition arising after the change of circumstances.

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(PARENT SIGNATURE)

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(PARENT SIGNATURE)

Sworn to and subscribed  
before me, a Notary Public  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

My Commission Expires:



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## **PART II – VERIFICATION OF PARENTS**

I/We certify that I/We have read the above information in Part I submitted by the applicant and find that the information contained therein is correct, and that I/We give our permission for \_\_\_\_\_ (CHILD'S NAME) to be placed under responsibility of the above applicant as though said child were his or her own, agreeing that he or she assumes all personal obligations for said child relative to school requirement and with the understanding that it is his or her intention of supporting the child continuously and not merely throughout the school term.

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Date

Student(s) Name: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Name and address of school previously attended: (This information **MUST** be provided for proper placement of the student): \_\_\_\_\_