



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

**SWORN STATEMENT BY RESIDENT UNDER §13-1302
(TO BE COMPLETED BY RESIDENT ONLY)**

Instructions: Please complete the following affidavit. If the potential student is living, or will be living, in a household with two resident adults who will assume responsibility for the student, both residents must complete and sign this statement.

1. Your Name _____ Name of Spouse _____
Home Address _____
Home Telephone Number _____ Work Number _____

2. Child's Full Name _____
Birth Date _____ Grade _____
Name & Address of Last School Attended _____

3. _____ Date child began/will begin to reside in your home?

4. Give reason for applicant desiring to keep child (or children):

5. Do you intend to keep and support the child continuously and not merely through the school term?
Yes No

6. Will anyone contribute to the child's support? Yes No
If yes, explain. _____

7. Is there currently a support order the child that has been entered by a court or other party?
Yes No If yes, to whom are the payments made? _____

8. Who will claim this child as a dependent for state/federal income tax purposes?

9. If applicant is not child's legal guardian, will parent(s) contribute anything for child's support either in money, or clothing, etc.?

Yes/No

10. If applicant is not child's legal guardian, will you receive welfare, public assistance, or any other form of aid or payment for this child?

Yes/No

11. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, attending meetings/hearings concerning discipline, and fulfilling any special education requirements? Yes No

12. Will you assume the responsibility and obligations for making all educational decisions?
Yes No

13. What is the anticipated length of time that applicant plans to keep the child?

14. If applicant is not the child's legal guardian, will child customarily return to parent(s) during:
Vacations _____ Weekends _____ Summers _____
Yes/No Yes/No Yes/No

I grant the school district permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, as necessary to confirm the factual accuracy.

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 the student shall be removed from school and I shall be responsible for all tuition charges that accrued while the student improperly attended Hempfield Area School District. I am hereby advised that Hempfield Area's tuition is approximately (\$8,000.00) dollars per school year.

Resident Signature

Resident Signature

Sworn to and subscribed
before me, a Notary Public
this ___ day of _____, 20___

Notary Public

My Commission Expires:

Resident Form 1/16/2015