

PROOF OF ARLINGTON COUNTY RESIDENCY STATEMENT OF ARLINGTON RESIDENT AFFIDAVIT

PURPOSE: To certify that I am an Arlington Resident/Homeowner or Leaseholder, and the adult(s) and child(ren) listed on this form reside with me.			
I, (Arlington Resident/Homeowner or Leaseholder)			hereby affirm or swear that the adult(s) listed below and their
child(ren) live in my Arlington, VA residence a	,		<u> </u>
House/Bldg. Street Name			Apt. No. Zip Code
Contact Information of Arlington Resident/	Homeowner or Leaseholder: Cell		Home
A deed or current lease agreement* <u>must</u> accompany this affidavit *If the lease agreement is expired, a manager's letter from the leasing company confirming residency and current utility bills must also be provided			
Adult(s) Information— List names of parent(s) or legal guardian(s) of school-age child(ren) residing with the Arlington Resident			
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Last Name	First Name	Middle Name	
Last Name	First Name	Middle Name	
Student/a) Information List names of school	ol ago obild/rop) or adult atudopt/o) roo	iding with the Arling	ton Decident
Student(s) Information– List names of school-age child(ren) or adult student(s) residing with the Arlington Resident			
Last Name	First Name	Middle Name	
Last Name	First Name	Middle Name	
Last Name	First Name	Middle Name	
Last Name	First Name	Middle Name	
In accordance with VA Code 22.1-264.1, any	person who knowingly makes a false	statement concernir	ng the residency of a child, as determined by
§ 22.1-3, in a particular school division or school attendance zone, for the purposes of (i) avoiding the tuition charges authorized by § 22.1-5 or (ii) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges, pursuant to § 22.1-5, for the time the student was enrolled in such school division.			
As the homeowner or leaseholder of the house or apartment at the address listed above, I acknowledge that the above-named adult(s) and their school-age child(ren) are residing with me in good faith and not solely for the purpose of attending public school in Arlington, VA. I understand that enrollment in Arlington Public Schools (APS) of the student(s) listed above is based on my statement. If this statement is false, I understand that I am liable for payment of full tuition of the student(s). 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 agree to provide a copy of my property deed or current lease agreement. If my lease agreement is expired, I will provide a manager's letter from my leasing company confirming residency and current utility bills.			
Printed Name of Arlington Resident:			
Signature of Arlington Resident:			
This Proof of Arlington County Residency form is valid for the current academic school year or until the named applicant ceases to reside in Arlington, VA, whichever			
comes first. Continued enrollment in Arlington Public Schools requires a new notarized form and proof of residency documentation. This form should be resubmitted annually to the student's school between July 1 st and the first day of school. Failure to do so will result in withdrawal of the named student(s) from Arlington Public Schools.			
I hereby certify that on this (day) of (month) (year), 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 or perjury. My commission expires / / Notary Public			
	'		
To be completed by APS Staff			Home Visit Confirmation
Date Received Date Entered in Student Information System			Staff Member (and position) who visited
Valid for School Year New Student Enrollment?* ☐ Yes ☐ No			Date of Home Visit
Update for current APS Student(s)?* ☐ Yes ☐	No		
If this form is for a new enrollment and there are multipl person and provide residency affidavits upon registration multiple students listed, APS staff receiving original mus	n. *If this is an updated form for current APS stu		Result of Home Visit (circle one): VERIFIED / NOT VERIFIED

January 2023 File in Student Cumulative File