



# FERNDALE AREA SCHOOL DISTRICT

100 Dartmouth Avenue • Johnstown, PA 15905 • [814] 535-1507 • Fax [814] 535-8527

## Notice of Guardianship Transfer/Residency Affidavit, 24 PS 13-1302

Instructions: Please complete the following statements. (Please Print)

**I, Parent/Legal Guardian Name** \_\_\_\_\_

Home Address \_\_\_\_\_

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

**Request, Resident Name** \_\_\_\_\_

Address \_\_\_\_\_

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

. . . be granted all legal rights and responsibilities of guardianship of:

Student's Name \_\_\_\_\_

First Name

Middle

Last Name

Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade Level \_\_\_ Last School Attended \_\_\_\_\_

### **Resident of Ferndale Area School District please read and answer the following:**

I attest I am a resident of Ferndale Area School District and will assume all obligations and responsibilities related to school requirements and intend to keep and support the child continuously not merely through the school term.

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

Will anyone contribute to the child's support? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there currently a legal support or custody order naming the legal guardianship of this child? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees, citations, fines for truancy, attending parent-teacher conferences, attend meetings/hearings concerning discipline, and fulfilling any special education requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

Will you assume the responsibility and obligation for making all educational decisions for this child?  
Yes \_\_\_\_\_ No \_\_\_\_\_

I further 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 attest that all information provide is correct and current.

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the Ferndale Area School District immediately when residency has changed. I understand that a new Sworn Statement of Residency and new documented proof of residency verification must be submitted annually. Failure to notify or falsification of any information of documents required for residency verification may result in; a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to education this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

\_\_\_\_\_  
Signature of resident where student resides

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of resident where student resides

\_\_\_\_\_  
Relationship to Student

**Documented Proof of Residency Requirements:**

A copy of a current and valid license.

A utility bill for the most current month including your name and address.

Signed by Resident \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Pennsylvania Notarization Required**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared (Parent of child) \_\_\_\_\_ and, (Resident of Ferndale Area School District) \_\_\_\_\_, known to me or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to the within affidavit and who acknowledge that he/she/they executed the same for the purposes contained therein.

Sworn and Subscribed to \_\_\_\_\_, before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires \_\_\_\_\_ Signature \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_.