



Buford City Schools

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RESIDENCY AFFIDAVIT

Student Name: _____ Parent or Guardian Name: _____
Home Address: _____ Home Phone:(____) _____
City/County/Zip: _____ Day Phone:(____) _____
List below ALL the individuals who reside at the above address (adults and children):

(If more than one family resides at this home, has this home been zoned multi-family with the City of Buford? Yes or No)

List any siblings or individuals that attend any Buford City School or another public or private school:

1) _____ 2) _____
3) _____ 4) _____

PLEASE INITIAL BELOW WHICH APPLIES TO YOU AND SIGN AT THE BOTTOM OF PAGE:

- 1) _____ EXEMPT – Student is a current tuition member.
- 2) _____ EXEMPT – Employed by:

Buford City Schools	(Employees Name)	(Relationship)	(Location)
City of Buford	(Employees Name)	(Relationship)	(Job Title)
- 3) _____ OWN –A copy of your City of Buford bill is required. Bill must be current (within 2 months) and include garbage pick-up.
- 4) _____ RENT – A current copy of your lease or rental agreement is required with date of expiration:
 Apartment Complex: _____
 (Name of Complex)
 Home Renting: _____
 (Property Owners Name) (Property Owners Home Address) (Phone Number)
- 5) _____ LIVE WITH – A residential owner-landlord/lessee document must be signed, notarized and returned.

Said address listed above is owned by said listed property owner above, he/she swears primary resident occupy the dwelling with their child(ren) and are continuing an ongoing physical presence in which they intend to make their true, fixed, and permanent home. I am aware and acknowledge that this Affidavit is sworn to under oath and capable of being introduced into a court of law. I further acknowledge that if the information attested to is found to be false and /or if information attested to is made with the intention of receiving educational services from the Buford City School System in circumvention of the Non-Resident Tuition Policy, the Board of Education of the City of Buford reserves the right to inform the District Attorney’s Office and seek criminal prosecution of such matter for the theft of services and/or other law under the state of Georgia.

Sworn to and subscribed before me this:
_____ day _____ 20____
(Notary Public)
My commission expires:

Witness: _____

Legal Signature of Parent or Guardian (Required)

Date Signed: _____

****Please note this affidavit expires at the end of the current school year and is void if change of address occurs. A new residency affidavit will be required upon an address change.*****