



PROOF OF ARLINGTON COUNTY RESIDENCY STATEMENT OF ARLINGTON RESIDENT AFFIDAVIT

FORM B

INSTRUCTIONS: To be completed by Arlington Residents/Homeowners or Leaseholders. Virginia Code § 22.1-5, §22.1-264.1

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 at the following address:

House/Bldg. Street Name Apt. No. Zip Code

Contact Information of Arlington Resident/Homeowner or Leaseholder: Cell Home

A deed or current lease agreement* must 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.

Last Name First Name Middle Name

Last Name First Name Middle Name

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 concerning 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: Date:

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 1st 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

Date Received Valid for School Year -

New Student Enrollment?* Yes No Update for current APS Student(s)?* Yes No

*If this form is for a new enrollment and there are multiple students listed, parent/legal guardian must register all children in person and provide residency affidavits upon registration. *If this is an updated form for current APS students and there are multiple students listed, APS staff receiving original must share copies with sibling(s) school(s).