Instructions for 1302 Affidavit of Guardianship

1. This affidavit must be completed by the guardian with whom the child/children will be residing within the Chambersburg Area School District.

2. All questions must be answered for the affidavit to be considered completed.

3. This affidavit must be notarized before being returned to the Chambersburg Area School District to be investigated. Once this process has been completed, the registration office will notify the guardian as to whether the district will accept the change in guardianship. The district is not responsible to notarize the affidavit.

4. Please note that because of compulsory attendance laws of school age children, students must attend their present district or current school until this process has been completed and accepted.

5. Every new school year a new 1302 affidavit must be completed and notarized for the child(ren) to remain in the Chambersburg Area School District. One document must be provided demonstrating that the child(ren) are living with the guardian(s) un-supported. Examples of documentation include:
   - Copy of completed IRS form transferring tax exemption of child(ren) to guardian/lists child as a dependent of guardian
   - Copy of completed county form transferring child(ren) support payments to resident
   - Copy of completed State form notifying Department of Welfare of child(ren’s) new residence
   - Copy of insurance card/policy/statement listing child(ren) as eligible for services
   - Copy of lease/rental agreement identifying child(ren) as a tenant

*Please note that by completing this affidavit you are indicating that you are taking on the financial and educational responsibility for the child/children full time, year-round. As part of this affidavit documentation is required demonstrating you are legally taking on responsibility for the child/children.
1302 Affidavit Guardianship Statement

In accordance with 24 P.S. Section 1302, Resident and Right to Free School Privileges, of PA Public School Code of 1949 as amended;

I, __________________________________________________________, attest that I am a resident of the

(Guardian Name )

Chambersburg Area School District residing at:

_____________________________________________________________________________________

(Address)

TWO PROOFS OF RESIDENCY FOR CHAMBERSBURG AREA SCHOOL DISTRICT ARE REQUIRED.
PLEASE PROVIDE CURRENT DOCUMENTS FROM THE LIST BELOW:

___ Utility bill
___ Driver’s License
___ Vehicle Registration
___ Paycheck stub with name and address

___ Deed / Lease / Rental Agreement
___ Credit Card Bill
___ DOT Identification Card
___ Property Tax Bill

PLEASE LIST ALL CHILDREN APPLICABLE FOR 1302 AFFIDAVIT ENROLLMENT:

<table>
<thead>
<tr>
<th>Name of Child/Children:</th>
<th>Date of Birth:</th>
<th>Grade:</th>
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1. What is your relationship to the child(ren)?
______________________________________________________________________________

2. Why is/are the child(ren) not living with one or both parents (Optional)?
______________________________________________________________________________

3. Date child(ren) began/will begin to reside in your home? _______________________

4. Do you intend to keep and support the child(ren) continuously full time, year round, on a 24
   hour‐basis and not merely through the school year?  Yes ___  No ___

5. Will anyone contribute to the child’s(ren’s) support?  Yes ___  No ___
   If yes, explain: ___________________________________________________________________

6. Is there currently a support order for the child(ren) that has been entered by a court or other
   party?  Yes ___  No ___
   If yes, to whom are the payments made? ____________________________________________

7. Who will claim this child(ren) as a dependent for state/federal income tax purposes?
______________________________________________________________________________

8. Will you assume all personal obligations related to school requirements for this child(ren) that
   may include making all educational decisions, providing for required immunizations, uniforms,
   fees/fines, citation/fines for truancy, attending parent‐teacher conferences, attending
   meetings/hearings concerning discipline, and fulfilling any special education requirements?
   Yes ___  No ___

DO NOT WRITE BELOW THIS LINE – DISTRICT USE ONLY
______________________________________________________________________________
APPROVED:______  DENIED:_____  INITIALS OF AUTHORIZATION: ____________  DATE: __________
PROOF SUPPORTING CHILD(REN) GRATIS ATTACHED: (ONE FORM OF DOCUMENTATION MUST BE PROVIDED AFTER EACH YEAR FOR CHILD(REN) TO REMAIN IN DISTRICT)

— Copy of completed IRS form transferring tax exemption of child(ren) to guardian/lists child as a dependent of guardian
— Copy of completed county form transferring child(ren) support payments to resident
— Copy of completed State form notifying Department of Welfare of child(ren’s) new residence
— Copy of insurance card/policy/statement listing child(ren) as eligible for services
— Copy of lease/rental agreement identifying child(ren) as a tenant

AFFIDAVIT BY NON-PARENT CAREGIVER FOR SCHOOL ENROLLMENT

I attest that all information provided here is correct and current. I understand that if residency should change, for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law. I further understand and agree that I WILL BE RESPONSIBLE FOR THE ENTIRE COST OF TUITION in accordance with district policy and the Public School Code of 1949 should it be determined that the child/children are improperly or illegally attending the Chambersburg Area School District. I understand that any false statements herein are made subject to the penalties 18 Pa. C.S §4904, relating to unsworn falsification for authorities.

Through my notarized signature, I grant the school district permission to investigate the above information that I have presented in this affidavit for confirmation and factual accuracy including tax authorities. I am aware that the information provided in this affidavit may be shared with the IRS, the Pennsylvania Department of Welfare, and the Social Security Administration.

I agree the district reserves the right to re-verify a student’s guardianship status periodically and at the beginning of every school year. A new 1302 Affidavit must be provided every school year with the supporting documentation listed above. Failure to provide an updated affidavit and documentation will result in the student being removed from the school district.

Sworn and subscribed before me this _____ day of ______________________, 20____

____________________________________________________ (Proposed Guardian’s Signature)

_______________________________________ (Notary Public)