

THE SCHOOL DISTRICT OF JENKINTOWN
OFFICE OF THE REGISTRAR
West and Highland Avenues
Jenkintown, Pennsylvania 19046
215-884-1801x 211 FAX: 215-886-2384

RESIDENCY AFFIDAVIT, 24 P.S. §13-1302

I/We attest that all information provided here is correct and current. I/We 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 the law.

I/We, _____, currently reside at
(Resident's Name)

Address _____, Jenkintown, PA 19046

Phone _____

Complete either part A OR part B.

THIS FORM MUST BE NOTARIZED

Part A: Homeowner's Verification

Homeowner's name _____ phone number _____

Approval has been granted for _____ to reside with
(child's name)

_____ at the address identified above.
(Resident's name)

Homeowner's signature _____ Date _____

OR

Part B: Landlord Verification

Landlord's name _____ phone number _____

Approval has been granted for _____ to reside with
(child's name)

_____ at the address identified above.
(resident's name)

Landlord Signature _____ Date _____

On (date) _____ before me, Notary Public, in and for said County

and State, personally appeared _____ known to me to be the person(s)
whose name is subscribed to the within statement and acknowledge that the above named executed the
same.

WITNESS MY HAND AND
OFFICIAL SEAL.

(SIGNED) _____
Notary Public in and for said County and State.

***NOTE: This form must be completed IN ADDITION TO the Proof of Residency Form**