



# Atlanta Classical Academy

## Affidavit of Residency

Full name of parent/legal guardian(s): \_\_\_\_\_

Current address: \_\_\_\_\_

A P.O. Box will not be accepted as a residence.

Date parent/legal guardian started residing at this address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Children enrolled at Atlanta Classical Academy who also reside at this address:

_____	_____	_____	_____
Name	Grade	Name	Grade
_____	_____	_____	_____
Name	Grade	Name	Grade

### AFFIDAVIT OF RESIDENCY

Before the undersigned officer, and being first duly sworn, I depose and state as follows:

1. That I am the parent/court appointed legal guardian of each child listed above.
2. That each child listed above resides with me full time at the address listed above.
3. That I understand that I must notify Atlanta Classical Academy with 14 days if I change residence or if any child listed above should change residence.
4. That I understand that representatives of Atlanta Classical Academy may visit my home to verify residency.
5. That I understand that a student enrolled in Atlanta Classical Academy under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that making false statements and submitting false documentation to Atlanta Classical Academy, an Atlanta Public Schools Charter School, and false swearing are violations of O.C.G.A. Section 16-9-2, Section 16-10-20 and/or Section 16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. Section 16-10-71.

\_\_\_\_\_  
Signature of the Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Seal of the Notary Public

\_\_\_\_\_  
Expiration Date

**The below section should be completed ONLY when the registering parent/legal guardian does not have a proof of residency in his/her name and lives with another City of Atlanta resident.**

### OWNER/LANDLORD/PRIMARY RENTER AFFIDAVIT

**The owner, landlord or primary renter must provide a copy of proof of residency to Atlanta Classical Academy along with this form.**

Full Name of Owner/Landlord: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Before the undersigned officer, and being first duly sworn, I depose and state as follows:

1. That I am the legal owner, landlord or renter of the property listed above.
2. That the persons listed above in this document reside with me full time or have my consent to live full time at the address above.
3. I understand that I must immediately notify Atlanta Classical Academy if any person listed in this document should change residence.
4. That I understand that representatives of Atlanta Classical Academy may visit my home to verify residency of the persons listed above.
5. That I understand that a student enrolled in Atlanta Classical Academy under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that making false statements and submitting false documentation to Atlanta Classical Academy, an Atlanta Public Schools Charter School, and false swearing are violations of O.C.G.A. Section 16-9-2, Section 16-10-20 and/or Section 16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. Section 16-10-71.

\_\_\_\_\_  
Signature of the Property Owner/Primary Renter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Seal of the Notary Public

\_\_\_\_\_  
Expiration Date



## PROOF OF RESIDENCY

The person, with whom the student(s) lives must attach proof of residency, dated within the last thirty (30) days and must show parent, guardian or legal name and street address. Please note that a P.O. Box is not acceptable as a residence address. Please carefully read the scenarios listed below and provide the documentation that applies to your student's living situation.

**Possible living situation #1** – If you own and live in the residential property, you will need to provide 5 documents in total:

- Photo identification;
- A deed or mortgage statement in your name showing residence property address;
- A Georgia Power bill (current within 30 days) in your name for the current month showing the residence property address: AND
- Two additional supporting documents in your name showing the residence property address (list of acceptable supporting documents is below)

**Possible living situation #2** – If you rent and live in the rental property, you will need to provide 5 documents in total:

- Photo identification;
- Copy of Lease/Rental Agreement (or current HUD Certificate of Compliance/Annual Renew Notice);
- A Georgia Power bill (current within 30 days) in your name for the current month showing the residence property address: AND
- Two additional supporting documents in your name showing the residence property address (list of acceptable supporting documents is below)

**Possible living situation #3** – If you are living at a property with the owner or with another person who is renting the property, you will need to provide 6 documents in total:

- Photo identification;
- A deed, mortgage statement, or Lease/Rental Agreement (or current HUD Certificate of Compliance/Annual Renew Notice) in the name of owner or primary renter and showing residence property address;
- A Georgia Power bill (current within 30 days) in your name for the current month showing the residence property address: AND
- Three additional supporting documents in your name showing the residence property address (list of acceptable supporting documents is below)

### LIST OF ACCEPTABLE SUPPORTING DOCUMENTS

- Current Georgia driver's license or Georgia identification card, if the address on the identification is the same as the residential address
- Bank statement, loan documents, credit card statement, monthly activity statement, voided check
- Home mortgage payment book
- Health insurance, previously issued W-2 or Form 1099, pay stub
- Fulton County property tax statement with evidence thereupon of payment
- Voter registration documentation from Fulton County
- A current motor vehicle registration (tag receipt)
- Cable bill, telephone or cell phone bill, gas bill
- Receipt to have utilities connected
- Mail delivered by the United States Postal Service other than general mail addressed to occupant or resident

**Note: If legal custody of a child is split between two parents**, in ADDITION to the documents listed above, you must also attach a certified copy of the most recent court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order.

**If the Lease/Rental Agreement requires all occupants to be listed, the names of the occupants must be listed on the Lease/Rental Agreement.**

Homeless students should contact their school social worker or the APS Homeless Coordinator at 404-802-2245.

If you have any questions regarding proof of residency, please contact the APS Department of Student Relations at 404-802-2233.

Parents - please complete all information in the top section above the asterisks and turn this form in with your notarized Affidavit of Residency. The school will contact your Manager, Landlord, or Agent separately to complete the lower section.

## LEASE VERIFICATION FORM

Dear Residence Manager, Landlord, or Agent:

Atlanta Classical Academy received a lease from the below named person(s) and they have specified you and/or your company as the present landlord. We would appreciate your response to the following questions below at your earliest convenience. If you have additional information that may help in our decision, please feel free to comment or give us a call at 404-369-3500 or email us at [enrollment@atlantaclassical.org](mailto:enrollment@atlantaclassical.org).

Resident(s) Name: \_\_\_\_\_

Other Occupant(s): \_\_\_\_\_

Address: \_\_\_\_\_

Manager, Landlord, or Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I do hereby authorize the Manager, Landlord, or Agent to release the requested information to Atlanta Classical Academy for their review. I also understand that representatives of Atlanta Classical Academy may visit my home to verify residency. I understand and agree that this information may include names, addresses, or dates of birth of any/all lessees/occupants, move-in/out dates and dates of the lease.

I certify under penalty of perjury that I am a resident of the above stated address and the information I submitted in support of my child's enrollment is complete and accurate. I understand that my child may be withdrawn from his or her assigned school if incomplete, inaccurate or false information is provided. I also understand that I must notify the school office within 10 days if my residence changes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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This section to be completed by the Manager, Landlord, or Agent at the request of Atlanta Classical Academy.

**RESIDENCY STATUS**

Please check all that apply:

\_\_\_\_\_ Current resident

\_\_\_\_\_ Not a current resident

\_\_\_\_\_ Has never been a resident

**LEASE INFORMATION**

Please complete the date information below:

Lease expires on: \_\_\_\_\_

Lease expired on: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Authorized Manager, Landlord, or Agent: \_\_\_\_\_ Date: \_\_\_\_\_