

STATEMENT IN SUPPORT OF REGISTRATION
IN COMPLIANCE WITH SECTION 1302
OF THE SCHOOL CODE OF PENNSYLVANIA

General Information

1. Name of Student: _____
Last Name First Name Middle Name

2. Date of Birth: _____

3. Child's Natural Father or Legal Guardian: _____
Last Name First Name Middle Name

Address: _____

_____ Township/Borough State Zip

Telephone: _____

4. Child's Natural Mother or Legal Guardian: _____
Last Name First Name Middle Name

Address: _____

_____ Township/Borough State Zip

Telephone: _____

5. Fairfield Resident and Applicant with Whom Child Resides:

_____ Last Name First Name Middle Name

Relationship to Child: _____

Address: _____

_____ Township/Borough State Zip

Telephone: _____
Home Work

ELIGIBILITY OF NONRESIDENT STUDENTS

6140

6. Child's Previous School:

Name of School: _____

School District (if applicable): _____

Address: _____

Telephone: _____

Most Recent Grade Attended: _____ Year: _____

7. Child's Current Daycare Provider (if applicable):

Name: _____

Address: _____

Telephone: _____

8. Name of Person and Address with Whom Child Previously Resided:

Name: _____ Relationship to Child: _____

Address: _____

Telephone: _____

Financial Information

1. Person providing financial support (ex., food, clothing), gratis for the child while he/she resides in applicant's household. ("Gratis means the applicant is not being paid or reimbursed for providing this support.)

Name: _____

Address: _____

Telephone: _____
Home Work

2. Person responsible for all financial obligations to the Fairfield Area School District schools for the child while he/she resides in applicant's household:

Name: _____

Address: _____

Telephone: _____
Home Work

3. Person claiming the child as a dependent on his/her income tax return:

Name: _____

Address: _____

Telephone: _____
Home Work

Home/School Communication Information

1. Person assuming responsibility for all home/school communication involving the child, including parent/teacher conferences, immunization records, incidents of discipline, special education documentation and related meetings:

Name: _____

Address: _____

Telephone: _____
Home Work

Principal's Approval

Approved

Denied

Superintendent's Approval

Approved

Denied

Signature Date

Signature Date

Certification of Applicant

I hereby attest that the undersigned is a legal resident of Fairfield Area School District. I further certify that the information contained in this statement is true and accurate. I give my consent to and agree to cooperate with the Fairfield Area School District in the investigation of any information I have provided in this statement.

I understand that if any of the information is untrue or inconsistent with the provisions of Section 1302 of the School Code of Pennsylvania, that the claimed residency status of the child may be rejected. I also understand if that happens, I will be responsible for any tuition due to the Fairfield Area School District and costs incurred by the District to investigate the accuracy of the information. The estimated tuition rates for the 2019-2020 academic year are:

Elementary: \$10,473.56

Secondary: \$11,460.37

I also acknowledge that false swearing is a misdemeanor of the third degree and that the punishment is a fine of not more than \$2,500.00 or imprisonment for not more than one year or both.

I will notify the school district immediately should the information provided in this statement change or no longer be correct.

I understand that the statement is applicable for the current school year and must be submitted prior to August 30th of each forthcoming school year for enrollment of the child in the Fairfield Area School District.

I have attached documentation to support the information contained in this six-page statement.

Applicant's Name: _____

Date: _____

Applicant's Name: _____

Date: _____

Verification of Natural/Legal Parents/Guardians

I certify that I have read the attached Statement in Support of Registration submitted by the applicant and find that the information contained therein is correct, and that I give my permission for my son/daughter _____ to be placed under responsibility of the above applicant as though said child were his/her own, agreeing that he/she assumes all personal obligations for said child relative to school requirements (including parent/teacher conferences, immunizations records, incidents of discipline, special education documentation and related meetings) and with the understanding that it is his/her intention of supporting the child continuously and not merely through the school term. I realize that the legal liability of this document covers only educational responsibilities. The School District recommends seeking a legal custody arrangement through the courts.

Father/Guardian Signature: _____

Date: _____

Mother/Guardian Signature: _____

Date: _____

Notary Public: _____