

CARLYNTON SCHOOL DISTRICT CERTIFICATE OF RESIDENCY

TO: The Secretary of the Carlynton School District 435 King's Highway Carnegie, PA 15106

This is to certify that I/we _____ am/are a resident of the Carlynton School District, and that I/we have taken into our home the following persons:

Adults _____ Students _____

Children Below School Age: _____

I/we further certify that their home will be as stated below during the entire year and not merely during the period that schools are in session.

The Carlynton School District will be relying upon the information stated herein in determining the eligibility of the aforesaid child/children to free school privileges within the school district. Accordingly, the undersigned hereby acknowledges that, in the event it is determined that the child/children sought to be enrolled in the Carlynton School District does/do not reside within the school district as attested herein, the undersigned shall be personally responsible for the payment of all tuition charges established by the Carlynton School District for the attendance of non-resident pupils.

Information Below Must be Completed:

1. Resident's first and last name _____

Address _____

Home Phone _____ Business Phone _____

2. Relationship to Child _____

3. First and Last Name of Parents Residing in Resident's Home _____

4. Student Information:

<u>Name</u>	<u>Birth date</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STOP ***** STOP

Resident Signature	Relationship to Child	Resident Signature	Relationship to Child
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Signature of Natural Parent	Relationship to Child	Signature of Natural Parent	Relationship to Child
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The resident of the district will be held responsible for the payment of the cost of education per child if any of the above information is found to be false.

Subscribed and sworn to this _____ day of _____

Notary Public