

**Affidavit of Guardianship**  
(No. 202-AG-2 Administrative Guideline)

**Questions should be directed to:**  
Carol Alexander, Child Accounting  
(717) 872-9500 ext. 2233  
Fax (717) 872-9505

Student Name: \_\_\_\_\_  
Date of Application: \_\_\_\_\_  
School to Attend in PMSD: \_\_\_\_\_  
School Year: \_\_\_\_\_  
New Affidavit: \_\_\_\_\_  
Renewed Affidavit: \_\_\_\_\_

**PENN MANOR SCHOOL DISTRICT**  
**P. O. Box 1001**  
**Millersville, PA 17551-0301**  
**(717) 872-9500**

**INSTRUCTIONS FOR APPLICANTS:**

**Applicant** is the "Resident" with whom child will live with in Penn Manor School District

**\*\*Both Parties:** Affidavit must be signed in front of a Notary and attach a copy of Current Photo ID.

**Parent / Current Legal Guardian:** Complete pages 1,2,3 and sign on **\*\*page 4**

**Current Photo ID of Parent & Applicant must be attached.** Applicant must provide proof of residency:  
A current utility bill with Applicant's name & address, a copy of a lease / purchase agreement etc..

**Section 1302 of the School Law of Pennsylvania reads as follows:**

*"A child shall be considered a resident of the school district in which his parents or the guardian of his person resides. When a resident of any school district keeps in his home a child of school age, not his own, supporting the child gratis as if it were his own, such a child shall be entitled to all free school privileges accorded to resident school children of the district, including the right to attend the public high school maintained in such district or in other districts in the same manner as though such child were in fact a resident school child of the district, and shall be subject to all of the requirements placed upon resident school children of the district. Before such child may be accepted as a pupil, such resident shall file with the secretary of the Board appropriate legal documentation to show dependency or guardianship or a sworn statement that he is a resident of the district, that he is supporting the child gratis, that he will assume all personal obligations for the child relative to school requirements, and that he intends to keep and support the child continuously and not merely through the school term."*

**Affidavits of Guardianship are approved for one (1) school year and must be reviewed annually.**

**SECTION 1. Parental/Legal Guardian Registration Statement**

**(If Legal Guardian, guardianship papers must be presented at time of Affidavit application.)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Parent/Guardian: NAME \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_  
Parent's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School District Where Parent/Guardian Reside: \_\_\_\_\_

**Yes / No** (circle one) I consent to the resident named below assuming, and being responsible for, all school and educational requirements pertaining to the above named student including the responsibility for all medical emergency and other decisions in connection with this student's attending school. I acknowledge that I will not be providing economic support for the student.

**SECTION 1 continued:**

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Pennsylvania School Code 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

**The Following Must Be Completed**

I hereby swear or affirm that my child **was** \_\_\_ **was not** \_\_\_ previously suspended or expelled, or **is** \_\_\_ **is not** \_\_\_ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. 13-1304-A(b) and 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and believe.

**(Signature of Parent or Guardian)** \_\_\_\_\_ **(Date)** \_\_\_\_\_

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record. If this student has been or is presently suspended or expelled from another school please complete:

Name of school from which student was suspended or expelled: \_\_\_\_\_

Dates of suspension or expulsion: \_\_\_\_\_

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.) Reason for suspension/expulsion (optional): \_\_\_\_\_

**SPECIAL EDUCATION RIGHTS STATEMENT:**

I will or will not (circle one) be giving special needs educational decision making privileges. IN DOING SO: I am aware that this means the (Affidavit Applicant) \_\_\_\_\_ can participate in any IEP (special education) meetings and that he/she will have the power to sign any documents necessary. He/She will be allowed to confer with all school officials regarding all educational processes.

\_\_\_\_\_  
**(Parent/Guardian Signature and Date)**

# Affidavit Applicant Information Sheet

(All Applicants Must Complete All Data)

A copy of the Affidavit Information Sheet will kept in the student's "CUM" folder.

## Student Information

Last Name First Name M I

Affidavit Address Phone

Date of Birth Birth Cert. # (New Students Only) Place of Birth

Building # Grade:

Residency Code: **AF** - Affidavit Student Resident. Effective Date:

School Last Attended:

Name & District:

## Affidavit Guardian Information

Last Name First Name M I Title (M/M, Mr., MS)

Address City/State/Zip

Phone Number:

**Relation to Applicant** (If no relation - list NONE):

**Reason for Affidavit** - Why is child not living with parent/legal guardian? (Must Be Completed):

## Parent/Legal Guardian Information: Individual(s) responsible for the child prior to Affidavit.

(If Legal Guardian, guardianship papers must be presented at time of application for Affidavit.)

Last First MI Title (M/M, Mr., MS)

Address City/State/Zip

Phone Number:

**Circle One:**  
Parent or Legal Guardian

**IF FINANCIAL / INSURANCE SUPPORT IS TO BE PROVIDED - EXPLAIN BELOW:**

**SECTION 2.** (To be completed by the Affidavit “Guardian” - please print)

Affidavit Guardian’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Affidavit Guardian’s Address (House/Apt. #, Street, City, State): \_\_\_\_\_

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In compliance with Section 1302 of the Pennsylvania School Code, I make the following declarations concerning the above-named student who is residing in the my home:

(Circle One)

**Yes**   **No**

I am a resident of the Penn Manor School District, residing at the above address.

**Yes**   **No**

I will support this student gratis as though she/he were my own child.

**Yes**   **No**

This student will reside with me, and I will support this student continuously and not merely through the school term, including weekends, summer, etc. (365 days per year).

**Yes**   **No**

I will claim the student as a dependent for income tax purposes.

**Yes**   **No**

I assume all personal obligations for the student relative to school requirements, including responsibility for medical and other emergency decisions and for compulsory attendance.

**STOP----- DO NOT SIGN ---- MUST SIGN INFRONT OF A NOTARY**

I understand that signing a falsified Affidavit of Guardianship is subject to penalty of law. I also know that I will be held liable for tuition payment in the event that this Affidavit is determined to be false. I am aware that his information may be provided to the IRS.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Signature of Affidavit Guardian)

**A copy of a current Driver’s License must be attached showing current proof of residency for both the Parent and the Applicant.**

**If a Driver’s License is not available, some current form of photo identification must be provided.**

**Applicant must provide Proof of Residency by providing either a lease agreement (Rental or Purchase Agreement) or utility bill showing current name and address.**

**SECTION 3.** Affirmation: (To be completed by a notary public.)

Before me, the undersigned officer, personally appeared the above-named parent and guardian, who being duly sworn according to law, deposes and says that the facts set forth in the foregoing statement are true and correct.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ .

\_\_\_\_\_  
(Signature and Seal of Executing Officer)

**DO NOT WRITE BELOW THIS LINE - DISTRICT USE ONLY**

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**SECTION 4.** Investigation

Results of investigation: \_\_\_\_\_ Verified: \_\_\_\_\_ Not verified: \_\_\_\_\_

COMMENTS:

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Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_

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**Superintendent's Signature:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason For Denial:**

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