

Whitehall-Coplay School District
2940 MacArthur Road
Whitehall, PA 18052

24 PS 13-1302 Affidavit for School Enrollment

Section 13-1302 of the Pennsylvania Public School Code of 1949 states:

“When a resident of any school district keeps in his/her home a child of school age, not his/her own, supporting the child gratis as if the child was his/her own, such child shall be entitled to all free school privileges accorded to resident school children of the district.

Before accepting such child as a pupil, the Board of School Directors of the district may require such resident to file with the Secretary of the Board a sworn statement that he/she is a resident of the district, that he/she is supporting the child gratis, that he/she will assume all the personal obligations for the child relative to school requirements, and that he/she intends to so keep and support the child continuously and not merely through the school term.”

To qualify for eligibility, the above conditions must be met. You are also required to submit the following documentation from each of the following categories in support of the sworn statement in conjunction with the completed and notarized affidavit that is attached:

PROOF OF RESIDENCY:

- **Own-Property Deed**, Settlement papers, or Lehigh County Tax Bill
- **Rent-** Signed Lease Agreement listing the student as an additional occupant OR Landlord letter acknowledging the student as an additional occupant.

ALSO THE FOLLOWING MUST BE PROVIDED:

1. Whitehall Township Moving Permit **OR** Whitehall Township Per Capita Tax

AND

2. Current Utility Bill **OR** Pay Stub/Government Check

PROOF RESIDENT IS SUPPORTING CHILD GRATIS (SELECT ONE OF THE FOLLOWING):

- Copy of federal or state tax form listing the child as a dependent resident **OR**
- Copy of completed county form transferring child support payments to resident **OR**
- Copy of completed state form notifying Department of Welfare of child’s new residence **OR**
- Proof of parent’s active military deployment

****Please also have your driver’s license or photo ID to identify who is enrolling the student(s).****

As the resident non-parent caregiver, you must complete a 1302 Affidavit, renewable every school year. Failure to renew the affidavit will require the district to withhold all school mailings. This Affidavit must be submitted with all of the supporting documentation listed above for approval by the School Board.

This information will be verified by our school personnel. Any false statement/documentation will result in immediate disenrollment of the student(s), and is punishable by law, relating to unsworn falsification to authorities.

The 1302 Affidavit is a legal document. You may want to consult with an attorney if you have any questions or do not understand any portion of the attached affidavit prior to signing before a Notary Public.

24 PS 13-1302 Affidavit By Non-Parent Caregiver For School Enrollment

INSTRUCTIONS: Please complete the following statement. If the child is living or will be living in a household with two resident adults who will assume responsibility for the child BOTH residents must complete and sign this affidavit.

1. Your Name(s) _____ / _____ resides at:
(Guardian) (Relationship)
Street _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____

2. Child's Full Name _____ Date of Birth _____
Grade _____ Name & Address of Last School Attended _____

3. The child began to reside in my home on ___/___/___ and will reside in my home until ___/___/___

Landlord's Verification: please fill in only if Guardian rents their residence.

Landlord's Name _____ Home # _____ Cell # _____

Leasee's Name _____ Home # _____ Cell # _____

Landlord's Signature: _____ Date: _____

4. Do you intend to keep and support the child continuously and not merely through the school term?
YES _____ NO _____
During summer vacations, the child will reside with (NAME(s)) _____.

5. Are you supporting this child gratis (without personal compensation or gain)?
YES _____ NO _____

6. Who will claim this child as a dependent for state/federal purposes?
NAME(S) _____

7. All personal obligations related to school requirements for this child that may include providing for:
REQUIRED IMMUNIZATIONS, UNIFORMS, FEES/FINES, CITATIONS/FINES FOR TRUANCY, ATTENDING PARENT/TEACHER
CONFERENCES, ATTENDING MEETINGS/HEARINGS CONCERNING DISCIPLINE AND FULFILLING ANY SPECIAL EDUCATION
REQUIREMENTS AND OBLIGATIONS FOR MAKING ALL EDUCATIONAL DECISIONS WILL BE THE RESPONSIBILITY OF:

NAME(S) _____ / RELATIONSHIP _____

8. Is there currently a support order for the child that has been entered by a court or other party?
YES _____ NO _____

If Yes, to whom are the payments made? _____

9. The following individual(s) currently contribute to the child's support:

NAME	RELATIONSHIP	TYPE OF SUPPORT
_____	_____	_____
_____	_____	_____

Through my notarized signature, I grant the school district permission to investigate the information that I/we have presented in this affidavit for confirmation and factual accuracy. I/we verify that all information presented and contained in this affidavit is true and correct to the best of my/our knowledge, information and belief. I/We understand that any false statements herein are made subject to the penalties 18 PA. C.S. § 4904, relating to unsworn falsification to authorities.

The Whitehall-Coplay School District continually investigates the truth of affidavits submitted under 1302 of the School Code. It is therefore, requested that you not sign the affidavit unless you are certain that the facts set forth in this document are completely true and correct. You should be aware that if the Affidavit you are about to make is not true and correct; you could be subject to criminal penalty for false swearing. **False Swearing is a misdemeanor of the Third Degree In Pennsylvania, punishable by a fine of up to \$2,500.00, imprisonment for one year, or both. Additionally, you must subject yourself to a civil action for damages if it is later shown that the above child is not properly entitled to free school privileges.**

_____ (Printed Name of Non-Parent Caregiver)	_____ (Signature of Non-Parent Caregiver)
_____ (Printed Name of Parent/ Legal Guardian)	_____ (Signature of Parent/Legal Guardian)

**Commonwealth of Pennsylvania:
County of Lehigh**

**On this _____ day of _____ 20____, before me, a Notary Public, personally appeared _____ and _____ known to me
(Non-Parent Caregiver) (Parent/Legal Guardian)**

(or satisfactorily proven to be) the person(s) whose name(s) is/are subscribed to the within affidavit and acknowledge that he/she/they executed the same for the purposes contained therein. Sworn and Subscribed to before me, Notary Public.

Notary Signature: _____

My Commission Expires: _____