

Salisbury Township School District

Salisbury Elementary School 1400 Gaskill Avenue Allentown, PA 18103 (610) 791-2800 Fax: (610) 797-9640 Principal: Zac Brem		Salisbury Middle School 3301 Devonshire Road Allentown, PA 18103 (610) 791-0830 Fax: (610) 797-9648 Principal: Ken Parlman Assistant Principal: Rob Sawicki		Salisbury High School 500 East Montgomery Street Allentown, PA 18103 (610) 797-4107 Fax: (610) 797-1972 Principal: Heather Morningstar Assistant Principal: Brian Muschlitz
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FORM R-3:

GRATIS SUPPORT AFFIDAVIT (1302-B)

This form must be completed where required based upon Question #2 of the "Residency Verification Affidavit." This form must be accompanied by the "Residency Verification Affidavit." Both forms must be submitted annually if gratis support extends beyond the school year in which the child has enrolled.

Name of Student(s): _____

Name of Resident(s): _____

Current Address: _____

Home phone number: _____ Cell phone number: _____

Email address: _____

Length of time student(s) has (have) been residing in your home: _____

PLEASE CHECK "YES" OR "NO" FOR THE FOLLOWING QUESTIONS:

- YES NO Do you furnish room, board and clothing for this(these) students?
- YES NO Do you receive any type of stipend, fee, rent payment or other monetary payment for providing room and board for this (these) student(s)? If so, please explain:
- YES NO Do you intend to fulfill the parents' role of attending parent/teacher conferences, attending meetings concerning discipline, being available during the school day to be contacted by school officials, responding to notes and letters from school officials, etc.?
- YES NO Do you intend to keep the child continuously throughout the year and not just during the school term?
- YES NO Is this student living with you out of necessity due to financial hardship of his/her own family?
- YES NO Do you intend to ensure that the student(s) have and/or obtain all immunizations required for the student(s) to attend school?

FORM R-3A: GRATIS SUPPORT AFFIDAVIT

PLACE YOUR INITIALS IN EACH BOX(USE 2ND BOX FOR 2ND RESIDENT, IF APPLICABLE):

I understand that I will be responsible for all instances of truancy and that I may be cited by a district magistrate for failure of the child to attend school between the ages of eight(*) and seventeen (17). I understand that such citation may result in a **monetary fine of up to \$300 per truancy incident and/or up to 240 hours of community service.**

I understand that I may be held **responsible for any financial obligations and/or property damage at the school caused by this student.**

I/we understand that, if I/we intentionally misrepresent, present false information or provide false or misleading documentation regarding my/our gratis support of this(these) student(s) and /or the presence of the student(s) in my/our home, such action could result in **criminal and/or civil penalties** for the theft of educational services.

I/we understand that, in the event that I/we have been determined not to be supporting said student(s) gratis. I/we am(are) responsible for paying to the district **full tuition for the length of time that I or the student was not a resident of the district.**

I/we understand that, if I/we intentionally misrepresent, present false information or provide false or misleading documentation regarding my residency or that of the student(s), I/we am(are) **responsible for reimbursement to the district of any fees/cost associated with a hearing** in which it is determined that I/we intentionally misrepresented my status or that of the student(s).

This form must be notarized by a Commissioned Notary Public in the Commonwealth of Pennsylvania

BEFORE ME, the undersigned authority, on this day personally appeared:

Resident(s) Accepting Responsibility: _____ SIGNATURE _____ PRINTED NAME	Known to me by Driver's License/ID, Passport #: DL/ID/Passport # _____
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To be the person who is subscribed to the foregoing instrument and acknowledged to me that he/she executed that same for the purposes therein expressed.

GIVEN UNDER MY HAND, and seal of this office this _____ day of _____, 20_____

Notary Public

Notary Seal