| Western Salisbury Elementary
3201 Devonshire Road
Allentown, PA 18103
(610) 797-1688
Fax: (610) 797-9641 | Harry S Truman Elementary
1400 Gaskill Avenue
Allentown, PA 18103
(610) 791-2800
Fax: (610) 797-9640 | **Salisbury Township**
School District | Salisbury Middle School
3301 Devonshire Road
Allentown, PA 18103
(610) 791-0830
Fax: (610) 797-9648 | Salisbury High School
500 East Montgomery Street
Allentown, PA 18103
(610) 797-4107
Fax: (610) 797-1972 |

FORM R-2:
RESIDENCY VERIFICATION FORM

THIS AFFIDAVIT MUST BE COMPLETED BY <u>ALL</u> INDIVIDUALS SEEKING TO ENROLL AND/OR RECEIVE TRANSPORTATION FOR A STUDENT IN THE DISTRICT.

Name of Student(s) _____

Name of Resident(s) _____

Current Address _____

Phone # _____ Cell # _____ Email _____

1. Are you the Parent(s) of the Student(s)?   YES ☐   NO ☐

If no: Are you able to provide documentation of guardianship or dependency,
such as formal legal guardianship (established through the courts) or tax documents
showing dependency?   YES ☐   NO ☐

- If yes, you must attach such documentation.
- If no, you are required to fill out a "***Form R-2: Gratis Support Affidavit.***"

2. If one parent lives outside the District, is there a custody agreement regarding these student(s)?   YES ☐   NO ☐

If yes, please attach to enrollment packet. If the custody agreement contains different residency information for the students than what is provided in the custody document, please explain (attach sheet(s) if necessary):

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3. Which 2 of the following documents are attached as proof of residency? (Must present original copy of the documentation during enrollment. Copies will be made at the school and attached to the enrollment packet).

- ○ Current PA Drivers' License <u>OR</u> Vehicle Registration
- ○ Current Utility Bill (water, sewage, heat, oil, electricity)
- ○ Current Bank Statement
- ○ Current W2 or W4 Form

- ○ Current Lease or Sales Contract for Permanent Residence
- ○ Current Federal, State or Local Tax Document Showing Address (from taxing agency – not blank form completed by resident)

- ○ Current Pay Stub with Address of Employer and Employee
- ○ Current Medical, State or Federal Benefits Document Showing Address (Medical Ins., Social Security, Unemployment, etc.)

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FORM R-2A: RESIDENCY VERIFICATION FORM
CERTIFICATIONS:

I/we am/are aware that upon enrolling the following child(ren), _____, at Salisbury Township School District, I hereby attest truthfully that I am a resident of the school district who resides within the District during the entirety of the school year. I/we also verify that the information that I/we have submitted as proof of my residency is accurate and current. I/we am/are also aware that the Salisbury Township School District may provide the Internal Revenue Service this information for verification for tax purposes.

Section 1301 of the Public School Code of 1949 provides for free and public education to each child between the ages of six (6) and twenty-one (21) years of age in the school district of his/her residence. Section 1302 of the Public School Code provides that the child shall be considered a resident of the school district in which his/her parents or the guardian of the child resides.

By initialing next to each of the following, I/we signify my/our understanding that the following penalties could apply in the event that I/we intentionally misrepresent my/our residency status or that of the student(s):

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

☐	☐	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), such action could result in criminal and/or civil penalties for the theft of educational services;
☐	☐	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 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/costs associated with a hearing in which it is determined that I/we intentionally misrepresented my status or that of the student(s).

I/We have read this form and understand that my student(s) will not be enrolled until I/we provide valid proof of residency, as detailed in Question #3 of page 1 of this form. I/we understand that the STSD resource officer routinely investigates the accuracy of residencies within Salisbury Township School District.

I/We, _____ have read this document and understand the requests that are being made of me/us.

_____ _____   _____ _____
Signature of Resident   Date   Signature of Resident   Date

_____   _____
Print Name   Print Name