



Waynesboro Area School District

210 Clayton Avenue
Waynesboro, PA 17268
717-762-1191

Application Questionnaire

Information from applicant who requests resident school privileges (under section 1302 of Pennsylvania School Code) for child (not his/her own) kept in his/her home.

- Have resident who will be responsible for child/children complete Part 1 of questionnaire.
- Have resident who will be responsible for child/children complete and sign Affidavit of Resident, and have affidavit notarized.
- Have parent(s) of child/children complete and sign Affidavit of Parent(s), and have affidavit notarized.
- Return completed questionnaire and affidavits to school.

Any admission of child by school authorities will be tentative and subject to final decision of the Superintendent and/or Board of School Directors. Application/reapplication shall be made on an annual basis.

Part 1 – Information Submitted by Applicant

- Name of child/children _____ DOB _____
Place of Birth _____
- Are you related to child? ____ Yes ____ No
- If so, how are you related? _____
- Give reason for applicant desiring to keep child/children. _____

- Is father living? ____ Yes ____ No If yes, his name _____
His address _____ Fathers Social Security # _____
- Is mother living? ____ Yes ____ No If yes, her name _____
Her address _____ Mother's Social Security # _____
- Why is child not living with one or both parent(s)? _____

- Will parent(s) contribute anything for child's support either in money or clothing, etc.? ____ Yes ____ No
Percent of Support _____
- Will you receive welfare, public assistance or any other form of aid or payments from one or both parents for this child? ____ Yes ____ No
- Will parent(s) claim child/children as dependent(s) for federal or state income tax reporting purposes?
____ Yes ____ No
- What is the anticipated length of time that applicant plans to keep child? _____
- Will child customarily return to parent(s) during vacations? ____ Yes ____ No
- Will child continuously sleep overnight at applicant's residence? ____ Yes ____ No
- Who is the legal guardian of the child? _____
- Who has legal custody of the child? _____
- Have the parents given you the right to make all educational decisions for the student? ____ Yes ____ No
If no, who has educational rights? Name _____
Address _____ Phone _____

Note: Please ensure all questions are answered and both Affidavits are completed and signed. Please be aware that all information related to this Application will be submitted to the School District in which the parents reside, for verification and notification purposes.



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Affidavit of Resident

I, _____, residing at _____,
do hereby swear that I am keeping and supporting _____ (child/children) gratis, and
that I will be responsible for said Child or Children for school attendance and all personal requirements, and that I
intend to so keep and support said Child or Children continuously and not merely through the school term.

I certify that the information in response to the above question is correct.

I fully understand that the School District may make an independent investigation to assure that the guardianship I am
claiming is a legitimate one.

I understand that if the information furnished is untrue, I will be liable for the normal tuition payment levied by the
Waynesboro Area School District as per the School District's policy on tuition calculation. I understand that I will be
liable for tuition payments for each child, for each month or portion thereof that child attends the Waynesboro Area
School District.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S., Section 4904, relating to
unsworn falsification to authorities.

Date _____

Signature of Applicant _____

Address _____

Phone _____

Commonwealth of Pennsylvania

County of _____.

Sworn to and subscribed before me, this _____ day of _____, 20____.

Notary Public



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Affidavit of Parent(s)

I/We, parent(s) of _____ (child/children), certify that I/we have read the above information in Part 1 submitted by the applicant and also the affidavit necessary to be submitted by the applicant and find that the information contained therein is correct, and that I/we give our permission for said child/children to be placed under responsibility of the above applicant as though said child/children were his/her own (to include the right to make all educational decision for my/our child/children), agreeing that the applicant assumes all personal obligation for said child/children relative to school requirements and with the understanding that it is his/her intention of supporting the child/children continuously and not merely throughout the school term.

I/We am/are not claiming that said child/children as dependent for purposes of federal income tax, public assistance, food stamps, etc.

I/We fully understand that the School District may make an independent investigation to make certain that guardianship I am claiming for Applicant is a legitimate one.

I/We understand that if the information furnished in untrue, I will be liable for the normal tuition payment levied by the Waynesboro Area School District as per the school district's policy on tuition calculation. I/We understand and agree that I/we will be liable for tuition payments for each child, for each month or portion thereof that child attends the Waynesboro Area School District.

I/We further acknowledge and agree that the person with whom my/our child/children is/are residing is empowered and has full legal authority to make all educational decisions for my/our child/children.

I/We understand that false statements herein are made subject to the penalties of 18 P.A.C.S., Section 4904, relating to unsworn falsification to authorities.

Date _____ Signature of Father _____

Phone _____ Address _____

Date _____ Signature of Mother _____

Phone _____ Address _____

Commonwealth of Pennsylvania
County of _____.

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Notary Public

