

OXFORD AREA SCHOOL DISTRICT  
125 Bell Tower Lane  
Oxford, PA 19363

AFFIDAVIT PURSUANT TO ACT OF  
MARCH 10, 1949, P.L. 30

State of Pennsylvania

ss

County of Chester

I, \_\_\_\_\_, being duly sworn according to law,  
(name of person taking affidavit)

depose and say that I reside at \_\_\_\_\_  
(address of person taking affidavit)

\_\_\_\_\_, Chester County, Pennsylvania; that there is residing  
with me at the aforesaid address, \_\_\_\_\_,  
(name of child)

a minor child; that I am supporting said minor child gratis; that I will assume all personal obligations for said minor child relative to school requirements and that I intend to so keep and support said minor child continuously and not merely through the school term; and that the facts and information set forth in the attached "Statement in Support of Registration" are true and correct; that I agree to provide any additional information including true and correct copies of my United States income tax returns required by Oxford Area School District to verify any support of said child; that in the event it is determined by Oxford Area School District that any child is at any time not qualified pursuant to the Public School Code to attend Oxford Area School District, I shall be obliged and liable to pay unto Oxford Area School District the tuition cost for that period of time the child attended the Oxford Area School District without being qualified to so attend.

Intending to be legally bound hereby, I have executed the affidavit and agreement.

\_\_\_\_\_  
signature of person taking affidavit

Sworn to and subscribed before  
me this \_\_\_\_\_ day  
of \_\_\_\_\_ A.D., 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

OXFORD AREA SCHOOL DISTRICT  
125 Bell Tower Lane  
Oxford, PA 19363

STATEMENT IN SUPPORT OF REGISTRATION  
IN COMPLIANCE WITH SECTION 1302  
OF THE SCHOOL CODE OF PENNSYLVANIA  
(To be completed by the district resident  
in whose household the child will be residing)

GENERAL INFORMATION

Name of student \_\_\_\_\_

Date of birth \_\_\_\_\_ Current grade in school \_\_\_\_\_

Will be residing with:

Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Describe as clearly as possible the reason why you are keeping this child in your household: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT INFORMATION

Name (father) \_\_\_\_\_

Address \_\_\_\_\_

Name (mother) \_\_\_\_\_

Address \_\_\_\_\_

Please explain as clearly as possible why the child cannot reside with either of his/her parents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESIDENCY INFORMATION

Indicate the length of time this child will be residing in your household:  
(from...to...)

---

Indicate the number of days each week this child will be residing in your household: \_\_\_\_\_

Indicate the intended place of residence for this child during the summer vacation:

---

FINANCIAL INFORMATION

Who will provide financial support (food, clothing, expenses) for this child while residing in your household?

---

Who will be responsible for any financial obligations to the schools for this child while residing in your household?

---

Who will be responsible for providing health and medical insurance coverage for this child while residing in your household?

---

Who will be claiming this child as a dependent on their income tax return?

---

CERTIFICATION

I hereby attest that the above information is true and correct and hereby give my consent to the Oxford Area School District to investigate any facts provided herein. I also understand that if any of these facts are untrue or inconsistent with the provisions of Section 1302 of the School Code of Pennsylvania that residency status of this child will be rejected and that I will be responsible for any tuition due the Oxford Area School District for the attendance of a nonresident student.

Resident's signature \_\_\_\_\_