

**FLEETWOOD AREA SCHOOL DISTRICT  
VERIFICATION OF CUSTODY AFFIDAVIT  
STATEMENT OF RESPONSIBILITY**

We, \_\_\_\_\_, residing at, \_\_\_\_\_,  
Name of Responsible/Party Address

certify that the following statements are true and correct.

1. I am a resident of the Fleetwood Area School District.
2. I am supporting \_\_\_\_\_ gratis.
3. I will assume for the above named child(ren) all personal obligations related to school requirements.
4. I intend to keep and support the above named child continuously and not merely through the school term.
5. I further certify that I am not keeping the above named child(ren) in my home for the sole purpose of attending school in the Fleetwood Area School District and that the child resides with me on a full-time basis.
6. I understand that the Fleetwood Area School District reserves the right to investigate any of the above statements to determine their validity and that if any portion of statements are found to be false, retroactive daily tuition may be charged for the period that the student attended classes in the district. I am aware that false swearing is a misdemeanor of the second degree and may be subject to a fine of not more than \$5,000, or imprisonment for not more than two years, or both.

COMMONWEALTH OF PENNSYLVANIA

)SS:

COUNTY OF \_\_\_\_\_)

Before me, the undersigned officer, personally appeared the above-named resident(s) of the Fleetwood Area School District, who being duly sworn according to law deposed and says that the foregoing statements are true and correct.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Signature of Guardian

I (We) \_\_\_\_\_, am transferring guardianship of my child,  
\_\_\_\_\_, to \_\_\_\_\_, as set forth in the above statements.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Signature of Guardian

SWORN TO AND SUBSCRIBED BEFORE ME,

This \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

\_\_\_\_\_  
Signature and Seal of Executing Officer