VERIFICATION OF RESIDENCE IN QUEEN ANNE'S COUNTY

Requested School: ____________________________________________

Parent(s)/Legal Guardian(s): __________________________________

Former Address: ____________________________________________

Name(s)/Age/Grade of Child(ren): ________________________________

I/WE do hereby declare and affirm under penalties of perjury that the following information is true and correct to the best of my/our knowledge, information, and belief:

I/WE, the undersigned, do hereby attest that the following person(s) are residing at: ________________________________

Name(s) of Parent(s)/Legal Guardian(s): _________________________

Name(s) of Child(ren): ________________________________________

It is understood that the information provided by the undersigned is accurate and that any attempt to falsify the above information shall result in the immediate withdrawal of the student(s) from Queen Anne's County Public Schools. If a child fraudulently attends a public school in a county where the child is not domiciled with the parent or guardian, the parent or guardian shall be subject to a penalty payable to the county for the pro-rated share of tuition for the time the child fraudulently attends a public school in the county (House Bill 364, effective 07/01/97).

Signature of Homeowner/QAC Resident: _________________________

Signature(s) of Parent(s)/Legal Guardian(s): _____________________

Homeowner/Landowner's proof of residency: (copy attached)       Verified by: _______________________

Sworn and subscribed to me on this _____ day of ____________________.

__________________________________________________________ SEAL

County of ____________________________     My Commission Expires: ______________________