



RESIDENCY STATEMENT

PLEASE PRINT

I, _____, parent or legal guardian
Parent/Guardian Name

of _____, hereby state that I reside within the
Student Name

Charleroi Area School District at the following address:

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN.

I understand that I must be a resident living within the boundaries of the Charleroi Area School District in order to register my child for school, and I have provided the Charleroi Area School District with the required valid form of documentation to support proof of residency. **If this information is incorrect now or in the future, I fully understand that I am liable for reimbursing the Charleroi Area School District the cost of my child's education and my child may be removed from the district's membership rolls.** If my address changes and I am still residing within the district, I will notify the school office and provide a new proof of residency within thirty days of the change. I understand that it is my responsibility to notify the district upon moving out of the district for withdrawal purposes and to return any books, materials or uniforms that belong to the district. I am also responsible to pay any outstanding fines that my child may have occurred (café, library or text books, etc.)

Signature of Parent/Guardian

Date