I, the resident, understand that I am liable for any payment of tuition and any other expenses to the school district if it is found that there has been a violation of law and/or School Board Policy. I grant the school district permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, as necessary, to confirm the factual accuracy.

I ASSERT THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT IT IS A SUMMARY CRIMINAL OFFENSE TO KNOWINGLY PROVIDING FALSE INFORMATION IN THIS SWORN STATEMENT FOR THE PURPOSE OF ENROLLING A CHILD IN THE DISTRICT'S SCHOOLS, AND THAT THE PENALTY FOR SUCH AN OFFENSE IS A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS ($1000), OR 240 HOURS OF COMMUNITY SERVICE, OR BOTH, IN ADDITION TO PAYMENT OF THE DISTRICT'S COURT COSTS AND TUITION FEES.

I further certify that I will notify the Hempfield School District immediately in the event that the facts set forth herein shall no longer be correct or shall change. I also certify that I will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of this sworn statement.

I make this sworn statement in accordance with the Pennsylvania School Code, to aid the Hempfield School District in determining whether the above child/student shall be accorded school privileges the same as resident pupils.

I, the resident, have **read** and **understand** the contents of this document. Through my notarized signature, I grant the school district permission to investigate the above information that I have presented in this sworn statement for confirmation and factual accuracy.

I _____ do hereby swear or affirm that the statements given above are true and correct.
(Name of Resident)

_____ _____
Signature required in presence of notary Date

I _____ do hereby swear or affirm that the statements given above are true and correct.
(Name of Resident)

_____ _____
Signature required in presence of notary Date

If applicable:

I, _____ do hereby authorize _____ to be responsible for my child.
(Name of Parent) *(Name(s) of Resident(s))*

_____ _____
Signature required in presence of notary Date

Commonwealth of Pennsylvania
County of Lancaster

Signed and sworn to (or affirmed) before me

on _____

_____
(Notary Public)