



Northern Tioga School District Guardianship Form

The following information pertains to the Guardianship Affidavit Process for the Northern Tioga School District.

1. The attached affidavit, when completed, must be submitted to the guidance secretary or elementary secretary.
2. A detailed letter from the parent outlining the reasons for an affidavit to be approved is mandatory and must accompany the completed affidavit.
3. Students will not be able to register and begin school within the Northern Tioga School District until the affidavit process is completed and approval granted.
4. The intent of the law is that persons providing guardianship will keep and support the child continuously and NOT merely throughout the school year (August through June). Guardians may not receive compensation for maintaining a youngster within their homes.
5. If an affidavit is approved on the basis of the data provided and it is subsequently determined that the data was incorrectly presented, both the resident and child's parent may be charged tuition for time spent in the district schools.
6. All questions concerning the Affidavit Process should be directed to Shana Rambo, Child Accounting, 814-258-5644 ext. 1012 or shana.rambo@ntiogasd.org.

Sworn Statement by Resident
(To be completed by resident only for each school year)

Instructions: Complete the following statement fully. If the potential student is living, or will be living, in a household with two resident adults who will assume responsibility for the student, both residents must complete and sign this statement.

1. Your name: _____ Name of Spouse: _____
Home Address: _____
Location of Residence (municipality): _____
Home Telephone Number: _____ Work Number: _____
Is residency affidavit attached? ___ Yes ___ No

2. Child's Full Name: _____
Birth Date: _____ Grade: _____
Name & Address of Last School Attended: _____

Date child began/will begin to reside in your home: _____
Relationship of child to you: _____

3. Do you intend to keep and support the child continuously and not merely through the school term? ___ Yes ___ No

4. Will anyone contribute to the child's support? ___ Yes ___ No

If yes, please explain: _____

5. Is there currently a support order for the child that has been entered by a court or other party? ___ Yes ___ No

If yes, who are the payments made? _____

6. Who will claim this child as a dependent for state/federal income tax purposes?

7. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent/teacher conferences, attending meetings/hearings concerning discipline and fulfilling any special education requirements? ___ Yes ___ No

8. Will you assume the responsibility and obligation for making all education decisions? ___ Yes ___ No

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, including tax authorities, as necessary to confirm factual accuracy.

I further understand and agree that I bear responsibility to notify the School district should any of the circumstances change.

I further understand and agree that I am aware of the legal consequences of providing false information in this sworn statement, specifically that:

“A person who knowingly provides false information in the sworn statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall upon conviction for such violation shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with section 2561 during the period of enrollment.”

Signed by resident(s) and notarized: _____

Guardianship Affidavit

School Name: _____

Student Name: _____

Student ID: _____

Guardian Statement

This is to certify that I, _____ of _____

Of Tioga County, have assumed guardianship of _____.

I, _____ will support the child gratis, I will assume all personal obligations for the child relative to school requirements and I intend to so keep and support the child continuously.

Guardian Relationship to Student: _____

Guardian Name: _____

Guardian Signature: _____

Date: _____

Parent Statement

As the parent of _____, I agree that _____ assume guardianship of my child. My son/daughter's birth date is _____.

Parent Name: _____

Parent Signature: _____

Date: _____

Witness Statement

Witness the hand and seal of the undersigned this ____ day of _____.

Guardian Name: _____

Seal/Notary Signature: _____

For District Use Only

___ Approved ___ Disapproved ___ Date

Principal Signature: _____ Date: _____

Proof of Residency (keep copies in file):

___ Utility Bill ___ Lease ___ Mortgage/Deed ___ Affidavit

___ Driver's License ___ Other: _____