

Lake-Lehman School District  
PO Box 38  
Lehman, Pa. 18627  
Telephone: (570) 255-2792  
Fax: (570) 674-2951

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

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Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

**RESIDENCY AFFIDAVIT 24 PS §13-1302-MUST BE NOTARIZED**

*I/We attest that all information provided here is correct and current. I/We understand that if residency should change for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law.*

I/We, \_\_\_\_\_, currently reside at:  
(Resident Name)  
\_\_\_\_\_  
(Address) Telephone Number \_\_\_\_\_

Homeowner's Verification  
Homeowner's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Homeowners Signature \_\_\_\_\_ Date \_\_\_\_\_

SIGNER IS A RESIDENT OF THE LAKE-LEHMAN SCHOOL DISTRICT, submitting *at least* **ONE (1)** of the following:

- \_\_\_\_\_ Utility bill clearly indicating the residence to which services are being supplied
- \_\_\_\_\_ Copy of State/Federal program enrollment or
- \_\_\_\_\_ Copy of paycheck stub with name and address of employee AND employer
- \_\_\_\_\_ Copy of Municipal/County tax receipt
- \_\_\_\_\_ Copy of School Tax receipt
- \_\_\_\_\_ Other-Explain \_\_\_\_\_

Landlord Verification  
Landlord's name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Landlord's signature \_\_\_\_\_ Date \_\_\_\_\_

*Through my notarized signature, I/We grant the school district permission to investigate the above information that I/We have presented in this affidavit for confirmation and factual accuracy.*

Signed by resident(s) and notarized \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ My Commission Expires  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
\_\_\_\_\_