

WEST CHESTER AREA SCHOOL DISTRICT

ADMINISTRATIVE GUIDELINE
APPROVED: October 27, 2015
REVISED:

200AG1 APPLICATION FOR GUARDIANSHIP, AFFIDAVIT OF SUPPORT AND PARENT/GUARDIAN REGISTRATION STATEMENT FORMS

- 1) Complete Guardianship Application.
- 2) Complete Affidavit of Support form.
- 3) Complete Parent/Guardian Registration Statement.
- 4) Submit completed forms to the Assistant Superintendent or his/her designee.
- 5) Application information is reviewed by the Assistant Superintendent or his/her designee.
- 6) Once guardianship is approved, the student will be enrolled in the WCASD.
- 7) The WCASD may monitor and audit the residency agreement by means of, but not limited to, periodic home visits.

The following section is to be completed by the Assistant Superintendent of his/her designee when the application is submitted.

Approved

Denied

Signature
Assistant Superintendent or designee

Print Name
Assistant Superintendent or designee

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The following information constitutes a guardianship application by a West Chester resident to function in the place of a parent for school purposes on behalf of a non-resident child. The application must be completed and returned to the West Chester Area School District (WCASD) Assistant Superintendent of his/her designee. The WCASD will determine the accuracy of all information supplied in the application. If the application proves accurate, along with the Affidavit of Support, the child may be enrolled in the WCASD. If the application is not approved, the child will attend the school district of residence of his/her parents. The WCASD may monitor and audit the residency agreement by means of, but not limited to, periodic home visits.

This application must be submitted and approved annually.

Name of Child: _____ Age: _____

Date of Birth: _____ Grade: _____

Mother's Name: _____ School District of Residence: _____

Address: _____

Father's Name: _____ School District of Residence: _____

Address: _____

Name of Person Submitting Application: _____

Address: _____

Relationship to Child: _____

Are you at least 18 years of age? Yes No

Are you're the court appointed legal guardian of the child? Yes No
(If yes, attach court documentation)

Will the child reside with you on a full time basis? Yes No

Will the child reside elsewhere on the weekends and/or during the summer? Yes No

If yes, where? _____ (Refer to Policy 200)

Will the child reside with you in order to meet the WCASD residency requirement? Yes No

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The date the child began or will begin living with you: _____

Length of time the child will reside with you: _____

Will you receive room, board, payment, support or other financial consideration: Yes No

If yes, from whom? _____ *(Refer to policy 200)*

If yes, to whom are payments made? _____

Who will claim child as dependent for Federal and State tax purposes? _____

Will you assume all personal obligations relative to school requirements? Yes No

Will you provide all aspects of parental support? Yes No

Have the parents agreed to have you assume this role? Yes No

I grant the West Chester Area School District permission to investigate the information presented in this application by discussing this information with all appropriate parties to confirm the factual accuracy.			

_____		_____	
Signature of Parent	Date	Signature of Applicant	Date
_____		_____	
Parent Phone Number		Applicant Phone Number	
_____		_____	
Parent Email		Applicant Email	
_____		_____	

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I/we _____ being duly sworn to law
dispose and say that I/we are residents of the West Chester Area School District and are residents
Of _____ Township/Borough and that...

- I/we have as a resident in our home, _____ (the child)
Born _____ and in _____ grade/school _____
Child of _____ (parents)
Whose address is _____.
- The child is being supported continuously, not merely through the school term;
- I/we are not receiving any funds from any other source;
- The child is a full-time resident in our home;
- I/we agree to submit affidavits of support and updated guardianship applications prior to the start of every school year in which the child enrolls in the West Chester Area School District and is being supported by us pursuant to the terms of this agreement.
- I/we will notify the West Chester Area School District, in writing, as soon as the conditions of residence of the child are no longer current;
- I/we intend to assume all personal obligations for the child relative to school requirements;
- I/we recognize the following:
 - A person commits a misdemeanor of the second degree, if, with intent to mislead a public servant in the performance of his/her official function, he/she swears to any statement which he/she does not believe to be true.
 - A person convicted of a misdemeanor of the second degree may be sentenced to imprisonment for a definite term which shall be fixed by the court not to be more than two years and a fine not exceeding a sum of \$5,000.
 - The West Chester Area School District will monitor and audit all residence arrangements that are under an affidavit basis.

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- Any guardian who makes fraudulent statements on the affidavit or who fails to abide by the conditions sworn to on the affidavit will be prosecuted and the true parents will be charged educational tuition dating back to the time residence was found to be invalid.
- The steps relative to prosecution/tuition payment will be taken if the residence arrangement with the guardian has been terminated and the child continues to attend the West Chester Area School District without notifying the school district that the affidavit has been relinquished. Any tuition amount due to the district shall be payable on the day the child is withdrawn from the West Chester Area School District.
- I/we have been acquainted with Section 1302 of the Pennsylvania School Code of 1949, as amended and;
- I/we have read that section and are familiar with it and understand the provisions of that section.

I/we verify that the statements made in this affidavit are true and correct and that false statements herein made are subject to the penalties under the law regarding sworn falsification.

Guardian(s) Signature(s)

Date

Address

Phone

Email

TO BE COMPLETED BY NOTARY

<p>Sworn and subscribed to be on this _____ day of _____</p> <p>Notary Public:</p>
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200AG1 PARENT/GUARDIAN REGISTRATION STATEMENT – Page 6

Student Name: _____ Date of Birth: _____
School: _____ Grade: _____
Parent(s) Name: _____ Phone: _____
Address: _____

Email: _____

Guardian Name: _____ Phone: _____
Address: _____

Email: _____

Pennsylvania School Code 13-1304-A state in part "Prior to admission to any school entity, the parent, guardian or other person having control of a student shall, upon registration, provide a sworn statement of affirmation stating whether the pupil was previously suspended or expelled from any public or private school of the Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person or for any act of violence committed on school property."

PLEASE COMPLETE THE FOLLOWING:

I hereby swear or affirm that my child (**check one**) was _____ was not _____ previously suspended or expelled from any public or private school of the Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person or for any act of violence committed on school property."

I make this statement subject to the penalties of 24 P.S. 13-1304-A (b) and 18 PA C.S.A. 4909 relating to unsworn falsification to authorities and the facts contained herein are true and correct to the best of my knowledge, information and belief.

Parent/Guardian Name

Parent/Guardian Signature Date

Please provide name/address of school from which student was suspended/expelled. Gives and reason for suspension/expulsion:

School: _____

Address: _____

Suspension _____ Expulsion _____

Dates and reason: _____

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.