



GREENSBURG SALEM SCHOOL DISTRICT

1 Academy Hill Place □ Greensburg, Pennsylvania 15601-1567

724-832-2901

DR. EILEEN AMATO
Superintendent

ASHLEY NESTOR
724-832-2957

*Coordinator of
Elementary Education,
Federal Programs and
Instruction*

Residency Affidavit 24 P.S. §13-1302

I/We attest that all of the information 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 Greensburg Salem School District and to amend this Residency Affidavit. Any false statements can and will be punished as prescribed by law.

I/We _____ currently reside at

This is our legal, full-time residence.

I/We rent or own this residence.

I/We are the parent(s)/guardian(s) of the following school-age children who live at this address with us.

If children reside in the residence for which the identified adults are neither parents or guardians, please request a modified form of this affidavit.

Through my/our notarized signature(s), I/we grant the Greensburg Salem School District permission to investigate the accuracy of the information I/we have presented in this affidavit for confirmation and factual accuracy.

Signed by resident(s) and notarized:

Resident Signature

Notary Signature

Revised: August 2012

Administrative Offices

1 Academy Hill Place □ Greensburg, Pennsylvania 15601-1567

_____ www.GreensburgSalem.org _____