



# LAKE OCONEE ACADEMY RESIDENCY CERTIFICATION

## GEORGIA, GREENE COUNTY

Personally appeared before me the undersigned officer duly authorized to administer oaths in the State of Georgia came \_\_\_\_\_, who being duly sworn according to law deposes and says as follows:  
(parent/guardian name)

1. I am the parent or legal guardian of \_\_\_\_\_, who is/are students at Lake Oconee Academy.
2. I am a resident of Greene County, Georgia where I maintain my and my Student's Primary Residence/Domicile, the address of which is:  
\_\_\_\_\_  
\_\_\_\_\_.
3. I do hereby certify that while my child/children are enrolled at Lake Oconee Academy I will in fact occupy the above-referenced residence as my Primary Residence/Domicile, and further certify that I **will not live at another location either full or part-time**. (Special accommodations may apply to joint custodial situations wherein one parent resides outside Greene County. In such cases, the student(s) must reside in Greene County the majority of the school week, and the custody agreement must be on file with the school).
4. I agree that in the event of a change in my address I will immediately, within ten (10) days of said change of address, fully inform the school as to the change and location of my new primary residence.
5. I understand that the school may conduct regular, random audits as to the residences of students and their parents.
6. I understand and agree that in the event the above-referenced address is not my primary residence or my primary residence changes and I have not given Lake Oconee Academy notice thereof then, at the discretion of Lake Oconee Academy, my child may be immediately removed from school.
7. This affidavit is made with the understanding that it will be relied upon by Lake Oconee Academy, Inc. and all parents and students thereof for the purpose of determining eligibility for admission to the School.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Name: \_\_\_\_\_  
(Parent – Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public,  
My Commission Expires:

Name: \_\_\_\_\_  
(Parent – Print)

\_\_\_\_\_  
Signature

(AFFIX NOTARY SEAL)