



**ADMINISTRATIVE OFFICES**

8353 University Boulevard • Moon Township, PA 15108 • (412) 264-9440 • Fax (412) 264-3268 • www.moonarea.net

**Moon Area School District Non-Resident Student Affidavit**

\_\_\_\_\_ 20 \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, do hereby certify that I am a resident of the MOON AREA SCHOOL DISTRICT, that I am supporting \_\_\_\_\_ gratis, that I will assume all personal obligations for the child relative to school requirements, and that I intend to so keep and support the said child \_\_\_\_\_ continuously and not merely through the school term.

I attest to the fact that I have read and AGREE to follow the MOON AREA SCHOOL DISTRICT RESIDENT/NON-RESIDENT STUDENT POLICY (202/SC1305) and that a copy was supplied to me at the time of registration.

Parent Signature

Guardian Signature

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

Sworn and subscribed to before me by the above named, \_\_\_\_\_

\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ Justice of Peace

Or

\_\_\_\_\_ Notary Public