



Sworn Statement – 2025-26 School Year

This form is to be completed by the person enrolling the student, or by the parent of an adult student or minor parent, in cases when a sworn statement is needed to complete residency verification. For example, use this form in cases where a minor parent is enrolling their child but currently living at home and not able to prove DC residency.

Provide information about individual.

Student First Name:		Student Last Name:	
Address of enrolling student:			Apt.:
City:	State:	ZIP:	
Person completing sworn statement > First Name:		Last Name:	
Address of person completing sworn statement (if different from student's):			Apt.:
City:	State:	ZIP:	
Relationship to enrolling student:			
Email:		Phone:	

Identify basis for sworn statement.

Check the appropriate basis for the sworn statement:

- I am the parent, guardian, or custodian of an adult student and the student resides with me at the address provided above. Documents establishing DC residency as set forth in 5A DCMR § 5004.2 are attached.
- I am the parent, guardian, or custodian of a minor parent and the minor parent and child reside with me at the address provided above. Documents establishing DC residency as set forth in 5A DCMR § 5004.2 are attached.
- I am the Other Primary Caregiver (OPC) of the student as attested in the Other Primary Caregiver form. Documents establishing DC residency as set forth in 5A DCMR § 5004.2 are attached.
- I am the legal guardian of an adult student signing on behalf of the student who resides at the address provided above. Documents establishing *student's* DC residency as set forth in 5A DCMR § 5004.2 are attached.

Sign and complete the sworn statement.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief. I further accept that all provisions set forth in "Step Three: Certification of Residency Requirements" on the DC Residency Verification Form are incorporated and merged herein.

Signature of person completing sworn statement: _____ Date: _____