



Sworn Statement – 2026-27 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 (Select ONE):

- 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: _____