

3264 Brookmont Pkwy. \* Douglasville, GA 30135 \* 770-615-3680 \* 770-615-3677 fax

## **VEHICLE REGISTRATION AFFIDAVIT**

Name of Parent(s)/Legal Guardian\_\_\_\_

Addre Name	of Child/Children in School		
Please	check the appropriate statement	— which applies to your sit	uation:
0	This is to certify that the parent(s)/legal guardian(s) of the school age child/children listed above do not own a personal vehicle and are therefore exempt from the requirement to provide proof of vehicle registration in order to enroll children in Brighten Academy. I agree to notify the school immediately if a personal family vehicle is acquired and provide proof that the vehicle is registered with the Douglas County Tax Office.		
0	This is to certify that the parent(s)/legal guardian(s) of the school age child/children listed above are on active military duty and not required by law to register their automobile(s) in Douglas County. I agree to notify the school immediately if there is a change in military status and the vehicle registration is changed to Douglas County.		
	Required for military families:		D. #
under	r penalty of perjury, I swear or aff stand it is a crime for any person t it to be falsified any records in an a	to knowingly make any f	alse statement or falsify or
Signa	ture of Parent/Guardian	· · · · · · · · · · · · · · · · · · ·	Date
Swori	n to and subscribed by me this		