



LYNCHBURG CITY SCHOOLS

AFFIDAVIT FOR BIRTH CERTIFICATE

Commonwealth of Virginia, Lynchburg City Schools

I, _____, swear to or affirm the truthfulness of the information that follows based on personal knowledge. This regards the identity and age of a student who is requesting enrollment in Lynchburg City Public Schools in accordance with Section 22.1-3.1 of the Code of Virginia.

Name of Student _____ Age: _____
Date of Birth: _____ Place of Birth _____
Name of Father: _____
Name of Mother: _____

§ 22.1-3.1. Birth certificates required upon admission; required notice to the local law-enforcement agency
A. Except as otherwise provided in this subsection, no pupil shall be admitted for the first time to any public school in any school division in this Commonwealth unless the person enrolling the pupil shall present, upon admission, a certified copy of the pupil's birth record.

- 1. Explain why you are unable to present a certified copy of the birth certificate for this student.
2. List the documents you have provided to establish the student's identity and age. (Note to School Official Receiving this Document: Attach evidence received of age and identity to this form)

I understand that false or otherwise untrue information provided for any of the items above could result in a criminal charge of perjury being brought against me.

Parent/Guardian Name _____ Parent/Guardian Signature: _____
Parent/Guardian Full Address: _____

Subscribed and sworn before me this ____ day of _____, 20____.
State: _____ County: _____. My commission expires _____.
Witness my hand in official seal.

NOTARY PUBLIC