

ELIDA LOCAL SCHOOLS

Residency Affidavit

This form must be completed, at Elida Local Schools in the presence of the staff member enrolling the student, whenever a parent cannot verify that s/he owns or rents a residence in the District.

It is understood, that for the purpose of this document the term "legal residence" means that residence where the custodial parent/guardian in question eat their meals and sleep on a regular basis, receive their mail, and if applicable where the parent(s) are registered to vote.

_____ Student's Name _____ Parent's Name _____

Although I do not own or rent a residence in the Elida Local School District, this is to certify that I am the custodial parent of my child named above and our current permanent residence is:

_____ Street Address _____ City _____ State _____ Zip _____

We are living as guests of: _____ Telephone: _____

Who: () own () rent this residence.

Should I change this, my permanent residence, I understand that my child may no longer be eligible to attend school in the District. I promise to notify the school immediately if my residence changes.

NOTICE - READ CAREFULLY: Knowingly falsifying this document is a violation of the Ohio Revised Code: Section 2921.13(A) (6) which is a First Degree Misdemeanor punishable by a prison term of six (6) months and/or a fine up to \$1,000.00. Further, the affiant will be billed (and prosecuted in court, if necessary) to collect all back tuition which may be due.

Inaccurate and/or false information provided by either the owner or the parent/guardian will result in immediate withdrawal of your child(ren) from the Elida Local School District.

_____ Parent Signature _____ School District Witness _____ Date _____

.....
I certify that the above information is correct and the above named parent/guardian and student(s) currently reside in the home listed above.

Signature of Residence Owner _____ **Residence Owner Contact Info** _____ **Date** _____

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____, 20____.

_____ Notary Public _____ Date _____