

Southwest Licking Local School District Duplicate Residency Form

USE THIS FORM IF YOU CANNOT PROVIDE PROOF OF RESIDENCY **IN YOUR NAME** BECAUSE YOU ARE CURRENTLY LIVING WITH FAMILY OR FRIENDS THAT LIVE IN THE SWL DISTRICT.

PLEASE NOTE, 2 PROOFS OF RESIDENCY ARE **STILL REQUIRED**. ONCE THIS FORM IS COMPLETED, THE 2 PROOFS OF RESIDENCY MAY BE IN THE NAME OF THE PERSON WITH WHOM YOU ARE RESIDING.

Verify current address by providing 2 proofs of residency from the following list: <ul style="list-style-type: none"> Current rental/lease agreement Deed <u>or</u> closing documents Current Gas bill, showing service address Current Electric bill, showing service address Current Water bill, showing service address Current Cable bill, showing service address Current Trash bill, showing service address 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Student(s) Name(s)</th> <th style="text-align: left; border-bottom: 1px solid black;">Building</th> <th style="text-align: left; border-bottom: 1px solid black;">Grade</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Student(s) Name(s)	Building	Grade	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____
Student(s) Name(s)	Building	Grade														
1. _____	_____	_____														
2. _____	_____	_____														
3. _____	_____	_____														
4. _____	_____	_____														

****WARNING****

The yearly tuition for the Southwest Licking Local School District is: **\$7,019.17 (\$41.29 per day)**

The knowingly making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:

O.R.C. 2913.02 Theft by Deception

O.R.C. 2913.13 Falsification

and may be punishable as a felony according to the amount of tuition owed.

(a) Parent/Guardian Name(s) _____

(b) Name of person with whom you are residing _____

Relationship to the person with whom you are residing _____

Are you residing with the above person(s) due to () Loss of Housing, () Economic Hardship or () A Similar Reason?

(c) Address where you are residing: _____

(d) Residency Affidavit – to be completed by person listed in (b)

I certify by providing proof of residency as listed above that I am the owner or tenant of the dwelling located at the address listed in (c). I further certify that the persons listed above in (a) actually reside at this dwelling and are not maintaining a separate residence, as that term is defined for public school admission, elsewhere. I certify that the above information is true and accurate and acknowledge that the Southwest Licking Local School District may use any legal means to verify my address. I realize that should any of the above statements be false, I may be liable for any penalties for which the law provides. I further acknowledge that this certification is valid only for the _____(current) school year.

(e) Oath of Residency-

to be completed by parent/guardian registering the student

I, the parent/guardian of the student(s) listed above hereby certify that I have established residency, on a full-time basis, in the Southwest Licking Local School district and am not maintaining a separate residence, as that term is defined for public school admission, elsewhere. I am aware that the Southwest Licking Local Schools may use any legal means necessary to verify that I am living at the address stated in (c) and acknowledge that if any of the above statements are false, I am liable for any penalties that the law may provide. Further, if any of this information is false or if I move out of the district, I agree to pay the current tuition costs to cover the period during which any of the students listed illegally attended the Southwest Licking Local Schools.

Signature of Owner/Tenant Date

Parent/Guardian Date

Print Name of Owner/Tenant and Phone Number

Print Name of Parent/Guardian and Phone Number

Sworn to and subscribed before me
 Notary Public _____
 This _____ day of _____, 20_____.

Sworn to and subscribed before me
 Notary Public _____
 This _____ day of _____, 20_____.

Commission Expires: _____

Commission Expires: _____