



AFFIDAVIT – SWORN STATEMENT OF RESIDENCY

O.R.C. 3313.64 (For use only if living with another Stow or Munroe-Falls Family)

STOW-MUNROE FALLS CENTRAL OFFICE, 4350 ALLEN RD, STOW, OH 44224

PHONE 330-689-5445 FAX 330-689-5448

For the consideration that _____ may attend the Stow-Munroe Falls City School
Student's Name

District, I _____, do hereby swear and affirm that
Stow or Munroe Falls Resident (Please Print)

_____, will reside with me at my home _____
Student's Name Street Address

_____, _____ and that Mr. and/or Mrs.
City Zip Code County

_____, telephone _____ will also reside at the above address.
Parent's Name(s)

I fully understand that this sworn statement entitles temporary attendance in the Stow-Munroe Falls City School District. If the family or any member thereof moves from my home, I will immediately notify the Treasurer of the Board of Education of the Stow-Munroe Falls City School District, 4350 Allen Road, Stow, OH 44224, (330) 689-5445. **If these statements are not factual and if evidence is found later to show that these facts are not true, I understand that I will owe tuition of ___\$7500.00 per year, per student, retroactive to _____, per Board of Education Policy and Procedure.**

Date

***NOTE: Sign only in the presence of a Notary Public**

Signature of Stow or Munroe Falls Resident

County of _____)
State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20_____.

Notary Public

Seal

My commission expires: _____