

Notarized Residency Form

I, _____ reside with _____
at the following address: _____
(street address, city and zip)

I have been residing at this address since _____, and intend
to do so until _____.

I agree that any false information recorded on this form will render me liable for tuition payment
to the Lakewood Local School District of over \$800.00 a month, and/or over \$8,000 a year, in
addition to rendering each of us liable for any other legal recourse deemed applicable by the
school district.

_____ Date _____
Parent/Guardian

_____ Date _____
Parent/Guardian

_____ Date _____
Owner of Residence

* * * * *

NOTARY

State of Ohio

County of _____

Sworn to and subscribed in my presence this _____ day of _____, 20__.

Notary signature

My commission expires _____