

HUDSON CITY SCHOOL DISTRICT RESIDENCY AFFIDAVIT

For the purpose of establishing school residency (To be completed by parent/legal guardian)

TO: The Board of Education of the Hudson City School District					
I,	, hereby certify that I am a resident of the Hudson City School District,				
and resid	de permanently at the following addre	SS:			
			0.0		
Address Apt #/Lot #			City	Zip	
Name of	f Student(s) (Please print):				
Last	First	Middle Initial	Date of Birth	School/Grade	
Last	First	Middle Initial	Date of Birth	School/Grade	
Last	First	Middle Initial	Date of Birth	School/Grade	
Total number of students enrolled at this time:					
I further certify that:					
1.	This information is true, accurate, and not made up for the purpose of circumventing the attendance laws of the state of Ohio or the policies of the Board of Education requiring legal residency in order to attend the Hudson City Schools.				
2.	If I change my present address to another address that is within the Hudson City School District, I will immediately file another residency affidavit with the Board of Education of the Hudson City School District.				
3.	I understand and agree that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Hudson City School District, I will withdraw my child/children from				
4.	the Hudson City School District and will enroll my child/children in the new district of residence. If it is determined that I am not a resident of the Hudson City School District, I understand that				
7.	child/children will be withdrawn from the Hudson City School District. I will also be responsible for and will pay the current full tuition rate to the Treasurer of the Hudson City Schools pursuant to Section 3317.08 of the Ohio Revised Code, for that part of the school year that my child/children were enrolled in the Hudson City School District.				
NOTE: I UNDERSTAND THAT PROVIDING FALSE INFORMATION UNDER OATH IS A VIOLATION OF OHIO					
REVISED CODE SECTION 2921.13 WHICH CARRIES A PENALTY OF SIX MONTHS IN JAIL AND A ONE-THOUSAND DOLLAR FINE UPON CONVICTION. FURTHER, I AM AWARE THAT ANY EFFORT TO CIRCUMVENT THE RESIDENCY REQUIREMENTS OF THIS SCHOOL DISTRICT MANDATED BY OHIO LAW MAY RESULT IN CRIMINAL PROSECUTION FOR THE THEFT OF SERVICES, A VIOLATION OF THE OHIO REVISED CODE SECTION 2913.02.					
Signatur	e of Parent/Guardian	D	ate Relations	ship to Student(s)	
Parent/G	Guardian Name (Please Print)				