

Residency Declaration

This form must be completed and notarized in order to enroll a new student at Lake Local Schools.

Student's Name

Grade

School Building

Parent/Guardian's Name

Phone Number

It is understood for the purpose of this document, you will declare your "legal residence", which means where you eat your meals, sleep on a regular basis, receive your mail, and, if applicable, where you are registered to vote.

Address of "legal residence" - Street Number, Street Name, City and Zip Code

1. Is this address a temporary living arrangement? Yes _____ No _____
If yes, is this temporary living arrangement due to a loss of housing and/or economic hardship?
Yes _____ No _____
2. What is your connection to the address listed above? Own _____ Rent _____
Staying with friends/family _____ In the process of purchasing _____
3. Do you and your student sleep the majority of the time at the address listed above? Yes _____ No _____
If no, at what address do you and your student sleep the majority of the time?

4. Do you receive your mail at the address listed above? Yes _____ No _____
If no, at what address do you receive your mail?

5. Are you able to provide three proofs of residency for the address listed above? Yes _____ No _____
Are you unable to provide proof of residency due to just moving into the district? If so, then you have 60 days to provide three (3) proofs of residency in order to remain enrolled in Lake Local Schools without paying tuition.

I understand that falsification of information on this document can result in prosecution for perjury and liability for tuition costs. Inaccurate and/or false information will result in back tuition being due and/or immediate withdrawal of your student from Lake Local Schools.

Signature of Parent/Guardian

Date

STATE OF OHIO

Residency Affidavit

COUNTY OF STARK

_____, being duly sworn by me, did personally appear and

Name of Parent/Guardian of Student

state before me, a Notary Public, in and for said County and State, that his/her "legal residence" (address) and that of his/her children is:

Address - Street Number, Street Name, City and Zip Code

Signature of Parent/Guardian of Student

Date

Sworn to before me and signed this _____ day of _____ 20_____.

Signed: _____
(Notary Public, State of Ohio)

My Commission Expires: _____

Proofs of Residency

Three proofs of residency are required within 60 days of enrollment at Lake Local Schools. The address listed on all three proofs of residency must be the same, and match the address provided on this Residency Declaration.

Acceptable proofs of residency include: Driver's License, recent Pay Stub, current Utility Bill (gas, electric, water or sewer), Mortgage Statement or Deed, Lease or Rental Agreement.

Proofs of residency that will NOT be accepted include: Voter Registration, Bank Statement, Cell Phone Bill, Cable or Internet Bill, Insurance documentation.

For School Office Use Only

The following three (3) proofs of residency have been provided with the signed and notarized residency declaration:

- | | |
|---|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Lease or Rental agreement |
| <input type="checkbox"/> Pay stub | <input type="checkbox"/> Gas, electric, water or sewer Bill _____ |
| <input type="checkbox"/> Mortgage Statement or Deed | <input type="checkbox"/> Gas, electric, water or sewer Bill _____ |

Signature of Principal or Designee

Date

OR

A notarized Residency Affidavit has been provided with the signed residency declaration, without three (3) proofs of residency, which will suffice for 60 days.

Date of notarized Residency Affidavit _____

60 days from Date of notarized Residency Affidavit _____

We will need to follow up with the parent/guardian prior to the 60 days to ensure continued enrollment.

Signature of Principal or Designee

Date

Date of follow up with parent/guardian _____

Result: Three (3) proofs of residency provided, as documented above _____

Notification sent to Admin Office to charge tuition _____

Effective date of tuition _____

Notification sent to Admin Office of withdrawal _____

Effective date of withdrawal _____

Signature of Principal or Designee

Date