



STOW-MUNROE FALLS CITY SCHOOLS

WWW.SMFSCHOOLS.ORG • 4350 ALLEN RD. STOW OH 44224 • PHONE 330.689.5445

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AFFIDAVIT

SWORN STATEMENT OF RESIDENCY O.R.C. 3313.64

I (residents name please print) _____, do hereby swear and affirm that (students names):

1. _____
2. _____
3. _____
4. _____

will reside with me at my home (street address) _____ (city) _____ (zip) _____
and that Mr. and or Mrs.(parent/guardians names) _____,
will also reside at the above address.

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 \$10,530.27 per year, per student, retroactive to date of enrollment, per Board of Education Policy and Procedure.***

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

Date: ____/____/____

Signature of Stow-Munroe Falls Resident (Witnessed by a Notary Public)

County of _____)
State of Ohio _____)

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

Notary Public

(SEAL)

My commission expires: ____/____/____