



# Springfield LOCAL SCHOOL DISTRICT

BOARD OF EDUCATION

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Director of Academics  
and Human Resources

## SWORN STATEMENT OF RESIDENCY

### O.R.C. 3313.64

I \_\_\_\_\_, do hereby swear and affirm that \_\_\_\_\_  
(Adult Resident) (Student Name)

and his/her custodial parents, will reside with me at my home, \_\_\_\_\_  
(Street Address)

\_\_\_\_\_, \_\_\_\_\_ I fully understand this sworn statement entitles  
(City) (Zip Code)

temporary attendance in the Springfield Local School District. If the above named student and his/her custodial parent(s) move from my home, I will immediately notify the Treasurer of the Board of Education at 330-798-1111.

If these statements are not found factual and if evidence is found later to show that these facts are not true, I understand that I will owe the District tuition of **\$835.86 per month, per student**, retroactive to the time the student and custodial parents ceased residing in my home.

\_\_\_\_\_  
(witness)

\_\_\_\_\_  
(name of adult resident)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of adult resident)

Sworn to and subscribed in my presence by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Notary Public)