SOUTH EUCLID-LYNDHURST SCHOOLS

RESIDENCY AND CUSTODY AFFIDAVIT

I, _____, confirm I am the custodial parent/legal guardian of _____
Parent's or Legal Guardian's Full Name — Student's Name (List all students registering)

and that I have established residency at _____
(Street Number, Name, Apt. #) (City) (ZipCode)

Date of Occupancy:_____ Lease End Date (if applicable): _____

I, _____, confirm I am a resident of the above residence located within ***South Euclid-Lyndhurst Schools***. Legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the ***South Euclid-Lyndhurst*** address and also, that the residence where meals are taken, and where the resident parent sleeps must be the ***South Euclid-Lyndhurst*** residence. (Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification)

List the names of **ALL** people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.)

Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)

Please read each statement and place your initial to the left of the statement.

_____ I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the South Euclid-Lyndhurst School District.

_____ I/we understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the South Euclid-Lyndhurst School District, I will immediately file another residency and custody affidavit with the Board of Education of the South Euclid-Lyndhurst School District. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the South Euclid-Lyndhurst School District, I will withdraw my child(ren) from the district and will enroll my child(ren) in the new district of residence.

_____ I/we understand that I/we are responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

_____ I/we have provided the South Euclid-Lyndhurst School District with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the child(ren) being enrolled as per Ohio Revised Code 3313.672.

_____ I/we acknowledge the student who is being registered **has not been expelled or excluded** from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

_____ I/we understand that if the student attends school while not being eligible to do so tuition free, the student and all responsible parties may be liable for tuition at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08, and related costs, and the student will immediately be withdrawn from the South Euclid-Lyndhurst School District.

_____ I/we understand that the South Euclid-Lyndhurst School District may use whatever legal means it has at its disposal to verify my residency.

_____ I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the South Euclid-Lyndhurst School District, the City tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

Signatures:

_____ _____
Parent/Legal Guardian/Custodian — Date

_____ _____
Student 18 Years of Age or Older — Date

Ohio Notary Acknowledgement: State of _____ County of _____ The foregoing instrument was acknowledged **(seal)**

before me this _____(date) by _____
(name of person acknowledged)

Signature of Notarial Officer _____

Title or Rank _____

Serial Number (if any) _____