



Cleveland Heights-University Heights School District

RESIDENCY AND CUSTODY AFFIDAVIT

*For the purpose of establishing school residence and custody – to be completed by parent or legal guardian
SIGN ONLY AFTER CAREFULLY READING AND SIGNING IN THE PRESENCE OF A NOTARY*

THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:

I, _____, certify that I am the custodial parent/legal guardian of _____
(Parent or Legal Guardian) (Student's Name)

and that I have established residency at _____
(Street Number, Name, Apt # City State Zip Code)

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

I, _____, certify that I am a resident of the above residence located within the **Cleveland Heights-University Heights School District** the registrar has explained to me that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the family's Cleveland Heights-University Heights School District address and also, that the residence where meals are taken, and where the resident parent sleeps must be the Cleveland Heights-University Heights School District residence. (A valid photo identification, with your most recent address, is required.)

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

Last Name	First Name	School/Status	Last Name	First Name	School/Status

Please read each statement and then place your initials 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 register named students in the **Cleveland Heights-University Heights City 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 **Cleveland Heights-University Heights School District** I will immediately notify the Registration Department of the **Cleveland Heights-University Heights 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 **Cleveland Heights-University Heights School District**. I will withdraw my child(ren) from the district.

____ 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 will be liable for tuition at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08, and the student will immediately be withdrawn from the **Cleveland Heights-University Heights School District**.

____ I/we understand that the **Cleveland Heights-University Heights 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 Cleveland Heights-University Heights 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.

____ I/we understand that a complete, certified time-stamped court document designating custody/guardianship of the above named child must be presented at the time of registration or this child will be removed from the **Cleveland Heights-University Heights School District** to be registered in the school district of his/her legal guardian.

____ I/we have been informed of the Ohio Department of Health Immunization requirements for school attendance. I/we understand that failure to provide a complete record of these immunizations before the 5th day of school attendance will result in the student being excluded from attending school. This exclusion process will be initiated if written verification of updated immunizations is not received before the first day of school; or on the day of enrollment after this date.

NOTE: Be sure you have read this statement carefully before you sign. Giving false information under oath is punishable as a criminal offense under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, each violation may be thoroughly and vigorously prosecuted.

Signature (s) _____
Parent/Legal Guardian/Custodian Student, if 18 years of age or older

State of Ohio, County of Cuyahoga

SWORN TO AND SUBSCRIBED in my presence this ____ day of _____, 20__

(Seal)

My commission expires _____