



UPPER ARLINGTON SCHOOLS

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Residency Affidavit

To be completed by the Parent/Guardian

Current school year

This form is in effect for the **current** school year. This form must be completed and submitted at the beginning of **each** school year.

I, _____, being duly sworn, certify that I am the parent/guardian of:

Student Name:

School:

Parent/guardian phone:

Home _____ Cell _____ Work _____

I certify that I, and the above-named child(ren) have established "legal residency" (where the family eats, sleeps, receive mail, and where the parent(s) are registered to vote) on a seven days per week basis at the property located at:

Street Address _____ Zip _____

Parent/Guardian's Car Licence Plate Number: _____

...and we **are not maintaining a separate residence elsewhere**. I am aware that the school district may require additional documentation to verify our residency. I will immediately notify school officials if we change residences. I understand that Upper Arlington City Schools athletic teams will be forced to forfeit games when ineligible players who have enrolled under false pretenses have participated on the team.

- I realize that should any of the above statements be false, I am liable for any penalties that the law provides under the criminal code. Further, the affiant will be billed — and prosecuted in court, if necessary — to collect all back tuition which may be due.

This form must be signed in the presence of a Notary Public.

State of Ohio. I SS
County of Franklin

Parent/guardian signature

date

Sworn to before me and in my presence on this _____ day of _____, 20____.

Parent/guardian, please provide any **TWO** the following along with this affidavit:

Utility, Auto/Insurance bill within the last 30 days
Paystub within the last 30 days
Cable or Internet bill within the last 30 days
Government Mailing (child support, gov assistance, etc)

Notary Public



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Residency Affidavit

To be completed by homeowner

Current school year

This form is in effect for the **current** school year. This form must be completed and submitted at the beginning of **each school year** during which the family members listed below are living in your residence within the Upper Arlington City School District.

I, _____, hereby certify that I am the **owner** of the house/condominium
print name please
located at:

address

zip code

I, _____, further certify that the following persons reside at this
print name please

property and, to the best of my knowledge, are not maintaining a separate residence elsewhere.

Parent Name	Parent Name
Student Name	Student Name
Student Name	Student Name

- I realize that should any of the above statements be false, I may be liable for any penalties that the law provides under the criminal code.
- I am aware that the Upper Arlington City School District may use legal means to verify my residence including unscheduled home visits.

This form must be completed in the presence of a Notary Public.

State of Ohio) SS
County of Franklin)

Homeowner's signature

date

Sworn to before me and in my presence this _____ day of _____, 20__.

Homeowner, please provide **one** of the following along with this affidavit:

Deed with owner listed
Current Mortgage Statement with owner listed
Summary page from the Franklin County Auditor's Office

Notary Public