SPRINGFIELD LOCAL SCHOOL DISTRICT | BOARD OF EDUCATION

2141 Pickle Rd. Akron, OH 44312 PH: 330.798.1111 Fax: 330.798.1161 springfieldspartans.org

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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)