



CHANGE OF ADDRESS OR RE-ENROLLING OF STUDENT PACKET

Dear Parent/Guardian:

If you have a change of address within the Copley-Fairlawn City School District or are re-enrolling a student after having been in the Copley-Fairlawn Schools within the past year, please fill out the attached paperwork and e-mail, fax or drop off to the Board of Education Office (you may drop it off in the metal black box outside the office doors, if after hours) along with your deed/lease and two other proofs of residency (i.e. driver's license, utility bills, voter registration card, etc.).

Office hours for drop off are 7:30 AM to 2:30 PM Monday through Friday.

If you have any additional questions, please call 330-664-4800.

Central Office

flavia.johnson@copley-fairlawn.org

Phone: 330-664-4800

Fax: 330-664-4811



Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
330-664-4800
Fax: 330-664-4811

FORM A
RESIDENCY AFFIDAVIT
For the purpose of establishing a school
residency. (To be completed by parent/legal
custodian/legal guardian/grandparent)

TO: THE BOARD OF EDUCATION OF THE COPLEY-FAIRLAWN CITY SCHOOL DISTRICT

I, _____, hereby certify that I am a resident of the Copley-Fairlawn City School District and, reside permanently at the following address:

Address	Apt. #	Lot #	City	Zip
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Name of Children (Please Print)

Last	First	M.I.	Date of Birth	School/Grade
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Last	First	M.I.	Date of Birth	School/Grade
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Last	First	M.I.	Date of Birth	School/Grade
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I further certify that:

1. This information is true, accurate, and not made up for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the Board of Education requiring legal residency in order to attend the Copley-Fairlawn City Schools.
2. If I change my present address to another address that is within the Copley-Fairlawn City School District, I will immediately file another Residency Affidavit with the Board of Education of the Copley-Fairlawn City School District.
3. I understand and agree that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Copley-Fairlawn City School District, I will withdraw my child/children from the Copley-Fairlawn City School District and will enroll my child/children in the new district of residence.
4. If it is determined that I am not a resident of the Copley-Fairlawn City School District, I understand that my child/children will be withdrawn from the Copley-Fairlawn City School District. I will also be responsible for and will pay the current full tuition rate as determined by the Ohio Department of Education to the Treasurer of the Copley-Fairlawn City School District pursuant to Section 3317.08 of the Ohio Revised Code, for the part of the school year that my child/children were enrolled in the Copley-Fairlawn City School District. The tuition rate for the current year is \$12,237.81. The rate for the 2019-2020 school year has not been determined by ODE.

NOTE: I understand that providing false information under oath is a violation of Ohio Revised Code Section 2921.13 which carries a penalty of six months in jail and a one-thousand dollar fine upon conviction. Further, I am aware that any effort to circumvent the residency requirements of this school district mandated by Ohio law may result in criminal prosecution for the theft of services, a violation of the Ohio Revised Code Section 2913.02.

NOTE: Sign only in presence of a Notary Public

Signature of Parent/legal custodian/guardian/grandparent	Date	Relationship to Student(s)
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Parent/legal custodian/guardian/grandparent (Please print)	Social Security # of Parent/legal custodian/guardian/grandparent
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County of _____)
State of Ohio _____)

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

(Seal)

Notary Public

My commission expires: _____

Complete if you are currently renting or leasing



COPLEY-FAIRLAWN CITY SCHOOL DISTRICT
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330-664-4800
330-664-4811 (Fax)

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize (Landlord/Management Company or Entity name) _____
Landlord/Management Company Phone # _____ and its agents to re-
lease any and all information regarding my rental of the property located at _____
_____, Ohio, to the Copley-Fairlawn City School District and its em-
ployees and agents ("Copley-Fairlawn"). My authorization to release information includes,
without limitation, authorization for the above named Landlord or Management Company or
Entity to provide to Copley-Fairlawn a copy of my lease and a list of the people authorized to
reside with me at the above referenced property.

(Renter's Signature)

(Date)

(Printed Name of Renter)



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TRANSPORTATION FORM

New/Withdrawn/Transfer
Student

TO: TRANSPORTATION DEPARTMENT

FROM: (Check one) ☐ CHS ☐ CFMS ☐ APS ☐ FIPS ☐ HPS ☐ OTHER

Transportation will begin _____

Transportation will end _____

RE: (Check one) ☐ New ☐ Transfer ☐ Address Change ☐ Phone # Change ☐ Withdrawn

Print Clearly

Grade _____ Starting Date _____ New Student _____ Withdrawn Date _____

Student Last Name _____ Student First Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Daytime Phone _____ Ext. _____

Cell Phone _____ Student's Date of Birth _____

Email Address _____

Parent/Legal Guardian
Name _____

School Use Only

A.M. Bus # _____ Location _____ Time _____

P.M. Bus # _____ Location _____

Noon Bus # _____ Location _____ Time _____

Review By: _____ Date _____

Copy FAXED to: Building Secretary
Acknowledged by Transportation Department

Date: _____ Initial: _____
Date: _____ Initial: _____
