

SYLVANIA SCHOOLS

Change of Address

Name of Student: _____ School: _____ School: _____
(Current) (New)

According to Ohio Revised Code, school districts have the right to request verification of legal residency. I am aware of the Policy of the Sylvania School District, which states that if a student is found to have residency in our district by **using false or inaccurate information**, the student will be dismissed/excluded from school until resolved by school Administration. If determination is made that there was an attempt to defraud the District, restitution will be sought legally. The District may file charges with local authorities to prosecute and recover reimbursement for tuition and legal fees from the parties responsible. Those responsible will be held liable for all costs incurred while the student was enrolled in the District based on the daily rate for the current school year.

Previous Address: _____ City _____ Zip Code _____

Has there been a change in custody? Yes ___ No ___ (If Yes, please provide current court document)

Please fill in and sign the appropriate section(s). Please supply a copy of the applicable proof of residency to this form.

SECTION A: Please provide Lease Agreement, Purchase Agreement, or Building Contract and Utility Bill within: (Please check one)

Parent(s) Name:(print) _____ Reside _____ Own/Rent _____ Purchased _____ Building _____
30 days 30 days 60 days 90 days

New Address (Street Number and Street Name) (City) (Zip Code)

Signature of Parent/Guardian Date

SECTION B: for Foster Parents or Guardians: Please provide proof of residency

I am the Foster Parent or Legal Guardian of _____. This child is presently residing in my residence at _____ on a full-time basis. I have supplied school officials with court documents verifying the custody order.

Signature of Foster Parent or Guardian Date

SECTION C: Statement of Domicile: Please provide proof of residency as stated in instructions

I, _____ declare that _____
District Resident Student
physically resides in my home at _____
on a full-time basis with _____. They have **NO** other residence listed on documents,
Parent/Guardian
and further declare that they eat, sleep, and maintain daily activities at this residence.

Signature of Person Providing Residence Date Phone Number of District Resident

Signature of Parent/Guardian Date Phone Number of Parent/Guardian

Signature of Notary _____ Notary Phone # _____