

# SYLVANIA SCHOOLS

## Residency Verification & Affidavit

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

According to Ohio Revised Code, school districts have the right to request verification of legal residency. By signing this affidavit, you are affirming that the address given on the student enrollment form(s) is the legal residence of the parent/guardian enrolling the student and the legal residence of said student.

Further, 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. The tuition rate will be based on the daily rate for the current school year.

***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 30 days  Own/Rent 30 days  Purchased 60 days  Building 90 days

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, \_\_\_\_\_ District Resident declare that \_\_\_\_\_ Student physically resides in my home at \_\_\_\_\_ on a full-time basis with \_\_\_\_\_ Parent/Guardian. They have **NO** other residence listed on documents, 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 # \_\_\_\_\_