

# SYLVANIA SCHOOLS

## Residency Verification & Affidavit

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

Ohio Revised Code gives school districts the right to request verification of legal residency. This affidavit affirms that the address given on this form is the legal residence of the parent/guardian enrolling the student and the legal residence of said student.

District Policy 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. By signing this form, I give Sylvania Schools permission to investigate my residency if necessary and allow the release of rental information, realtor records and utility customer information to a representative of Sylvania Schools. If determined that there was an attempt made to defraud the District, the District may file charges with local authorities to prosecute and recover reimbursement for tuition, based on the daily rate for the current school year, and legal fees from the parties responsible.

***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

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 # \_\_\_\_\_