Licking Heights
LOCAL SCHOOLS

6507 Summit Road, Suite A
Pataskala, Ohio 43062
(740) 927.6926
www.LHSchools.org

Residency Affidavit

This form is good for 26/27 school year only (Please complete June 1, 2026 - May 27, 2027). You must complete a new form for each school year that you continue to live in the Licking Heights Local School District with friends or relatives. This form will expire on **May 29, 2027**.

Return this form and the **required supporting documents** to: **The requesting school Building.** If school is not in session, please email the school building: Broad Peak bpesecretaries@lhschools.org, Everest eessecretaries@lhschools.org, Lima Ridge misti.carter@lhschools.org, High School LHHSSecretaries@LHSchools.org, Middle School LHMSSecretaries@LHSchools.org, Pathfinders PreK LHpathfindersenrollment@lhschools.org, Summit Station Intermediate ssisecretaries@lhschools.org.

Part I (To be completed and signed by the parent/guardian in front of a notary)
STATE OF OHIO
COUNTY OF FRANKLIN or LICKING, SS:

I, _____, hereby certify that I have established residency on a seven-day-a-week basis in the Licking Heights Local School District and am not maintaining a separate residence elsewhere. "Residence" in Ohio law means "…*a place where important family activity takes place during significant parts of each day; a place where the family eats, sleeps, works, relaxes, plays."* I am aware that the Licking Heights Local Schools may use any legal means necessary including, but not limited to, conducting unscheduled home visits to verify that I am living at the address listed below.

I further certify that this residential address is:
_____

_____ _____
Residential Owner's name Relationship to Owner of Residence

My previous address is: _____

_____
Make, model, and license plate of primary vehicle(s)

I realize that should any of the above statements be false, I am liable under the Criminal Code for any penalties that the law provides. Should any of this information be false, I agree to pay the tuition cost of $38.86 per day per student for the student(s) listed below to cover the period during which they illegally attended the Licking Heights Local School District. **I understand if I move out of the Licking Heights Local School District, I will immediately notify the District Representative at the District Office, and I will withdraw my student(s)**. _____(Initials)

Student Name(s)	Grade	School of Attendance

NOTE FOR PARENTS/GUARDIANS OF ATHLETES:
I understand that the Licking Heights Local School District's athletic teams will be forced to forfeit games when ineligible players who have enrolled under false pretenses are participating on the team.

Please bring the following items: *Parent/Guardian* – *One (1) piece of mail* (for example, letter from employer that indicates the address used for employment purposes, current IRS W-2 forms, mail from the Department of Job and Family Services, CareSource/Molina, Social Security, voter registration card, change of address from the US Post Office, etc., indicating guardian's name and your current address).

_____ _____ _____ Parent/Guardian
Signature Home Phone Work Phone

Sworn to before me and signed in my presence this _____ day of _____, 20____.

_____
Notary Public

Part II (To be completed and signed by the owner of the residence in front of a notary)

STATE OF OHIO
COUNTY OF FRANKLIN or LICKING, SS:

I, _____, hereby certify that I am the owner of the house/condo located at:

_____ _____
Street Address and City State and Zip Code

I, _____, further certify that the following persons actually reside at this property, and to the best of my knowledge, are not maintaining a separate residence elsewhere. I realize that should any of my statements be false, I may be liable for any penalties that the law provides under the Criminal Code.

Parent/Guardian Name(s)	Student Name(s)

I am aware that the Licking Heights Local Schools may use legal means to verify my residency including, but not limited to, conducting unscheduled home visits. I agree to allow the release of housing information and utility customer information to a representative of the Licking Heights Local School District *and to provide proof of residency documents to **the requesting schools Building Secretary**. Required documents are a deed or mortgage statement in the homeowner's name and a current utility bill in the homeowners name (water, gas, electric or trash only)*

_____ _____
Signature of Owner of Residence Printed Name of Owner of Residence

_____ _____
Phone Number Driver's License # and State

Sworn to before me and signed in my presence this _____ day of _____, 20____.

_____
Notary Public

*****WARNING*****

The yearly tuition rate for the Licking Heights Local School District is: $7,227.95 ($38.86 per day).

The knowingly making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense and may be **punishable as a felony** according to the amount of tuition owed per the following:

O.R.C. 2913.02 Theft by Deception
O.R.C. 2913.13 Falsification