

Residency Affidavit – Friends and Family

Requirements for Friends and Family Residency

(Both A and B must come together to register the new student)

A-Proof of Residency of family you are moving in with:

1. Notarized sworn Residence Affidavit of owner
2. Driver's license or State Picture I.D.
3. One of the items listed below:

Home Owner – Deed or Current Mortgage Statement

AND –

A current utility bill: Gas, Electric or Water only.

B- Verification of parent/legal guardian of student being enrolled:

1. Notarized sworn Residency Affidavit of parent/guardian
2. Driver's license or State Picture I.D.
3. Certified change of address form by the U.S. Postal Service (preferred)

OR-

A statement from employer that indicates the address used for employment purposes for submission of IRS W-2 forms or a recent check stub or statement on letterhead from the Department of Job and Family Services or Social Security indicating the owner's of the residence address used for the receipt of checks.

This affidavit is valid for one school year. A new one must be completed each year.

NOTE TO PARENTS OF ATHLETES:

If your student athlete enrolls and participates under false pretenses, Licking Heights Local School District athletic teams could be forced to forfeit games based on the playing of an ineligible player.

SWORN RESIDENCE AFFIDAVIT – FRIENDS AND FAMILY

PARENT/GUARDIAN OF ENROLLING STUDENT

I, _____, parent/legal guardian of the student listed below do hereby certify I have established residency on a **7-day per week basis at the following address** in the Licking Heights Local School District:

Street Number/Name _____

City/Zip Code _____

Name of Home Owner _____

Children Enrolling/residing at this address	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for the school district to verify, by any means necessary (including random visits by the **residency officer**), that I am living at this address.

If this statement proves to be false, I understand I am liable under the criminal code for any penalties which the law permits.

If I move out of the district and fail to report my move and take no action to withdraw this student, I agree to pay the current tuition costs to cover the days my children attended Licking Heights Local School District illegally.

I will provide proof that the above address is my **only residence**.

Signature of Residing applicant

Date

Telephone Number

Driver's License # and State

Copy Attached

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

Any change in either residence must be immediately reported to the school district.

NOTE: Submitting the above information and/or sworn affidavit does not guarantee enrollment of your children. Once the information/affidavit is submitted, all information and documents will be carefully reviewed to determine whether you meet the requirements for residency under Ohio law. You may be asked to submit additional information/documentation.

SWORN RESIDENCE AFFIDAVIT – FRIENDS AND FAMILY

Homeowner and parent /legal guardian sharing the residence **must appear in person and at the same time** to complete and sign this form.

OWNER OF RESIDENCE

I, _____, certify that I am the legal resident of the dwelling located at

Street Number/ Name _____
City/Zip Code _____

*I certify all persons listed below actually reside at this address with me and, to the best of my knowledge, do not maintain a residence elsewhere. List the names of parents and students moving in with your family.

- I understand if the residency information I am certifying proves to be false, I may be liable for any and all penalties for which the law provides under the criminal code. I understand that these penalties may include an obligation to pay tuition charges for the illegal attendance in school of children whose parent(s) do not reside with me, as I have stated in this document.
- Valid for the current school year only. I must provide a new Residence Affidavit each summer, prior to start of school as long as this living arrangement continues. I give consent for the school district to use any legal means to verify my residency. I hereby give my permission for release of information concerning my residency from employers, realtors, rental offices and my utility providers.

Signature of Owner Date Telephone Number (Driver's License # & State)

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