

HILLIARD CITY SCHOOL DISTRICT
Affidavit for Shared Residence



(This residency form is only valid for **the 25/26 school year.**)

PART I (To be completed by **Parent/Legal Guardian.**)

STATE OF OHIO

COUNTY OF FRANKLIN, SS:

If you share your home with a leaseholder, please state the reason you cannot be added to the lease. Use back of sheet if necessary.

I, _____, being first duly cautioned, do solemnly swear or affirm the following:

- I am not maintaining a separate residence elsewhere and I have established residency on a seven-days-a-week basis at the residence located at _____,
(Street Address)
_____, Ohio _____, located in the Hilliard City School District.
(City) (Zip Code)

The following individual(s) live at this address _____
Name of Parent/Guardian(s)

Name of Student(s)

- The Board of Education requires additional documentation to establish residence to the satisfaction of the Superintendent or his designee, including but not limited to two pieces of current mail sent to me at this address of an official nature, such as drivers license, pay stub, or vehicle registration.
- I acknowledge and understand that if the above-stated information is not true and correct, knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of Ohio Revised Code section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months. If this information is false, by signing this form, I agree to pay the tuition at the daily rate per student, which is determined by the Ohio Department of Education, for the student(s) listed above to cover the entire period which they attended Hilliard City School District as a non-resident, and **I understand that my child(ren) will be immediately withdrawn from school.** If I move out of the School District, I will immediately notify district personnel and will either complete a tuition agreement and pay tuition, or I will withdraw the child(ren). Current tuition rate: \$60.27 per day per student.
- I agree that the Hilliard City School District, should it be deemed necessary, has the right to investigate my residency, including but not limited to conducting unscheduled home visits. I agree to allow the release of housing information, and also utility customer information, to a representative of the Hilliard City School District.**
- For Parents of Athletes:** I understand that Hilliard City School District athletic teams will be forced to forfeit games when ineligible players who enroll under false pretenses are participating on the team.

Signature of Parent / Legal Guardian

Date

Home Phone Number

Work Phone Number

Parent Previous Address

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

Notary Public