

**HILLIARD CITY SCHOOL DISTRICT**  
**Affidavit for Shared Residence**



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

**PART II (To be completed by **Owner/Leaseholder.**)**

STATE OF OHIO

COUNTY OF FRANKLIN, SS:

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

- I am the legal owner/leaseholder of the residence located at \_\_\_\_\_,  
\_\_\_\_\_, Ohio \_\_\_\_\_, located in the Hilliard City School District.  
(City) (Zip Code) (Street Address)
- The following individuals are living at my above-stated residence and have been so since the  
\_\_\_\_\_ day of \_\_\_\_\_,  
(Date) (Month) (Year)

\_\_\_\_\_  
Name of Parent/Guardian(s)

\_\_\_\_\_  
Name of Student(s)

- I certify that, to the best of my knowledge, these individuals are not maintaining a separate residence elsewhere.
- The Board of Education requires additional documentation to establish residence to the satisfaction of the Superintendent or his designee, including but not limited to a current mortgage statement or current signed lease agreement.
- I acknowledge and understand that if this information is not true and correct, that 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.
- 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.
- If the family or any member thereof moves from my home, I will immediately notify the Records Compliance Officer at 2140 Atlas Street, Columbus, OH 43228.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Cell Phone Number

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public