



ADDRESS CHANGE

1. Parent's/Guardian's Name _____ Relationship _____
2. New Address _____ Apt. # _____ Zip _____
3. Previous Address _____ Apt. # _____ Zip _____
4. Preferred phone number _____
5. If renting, property owner's name _____ Phone # _____
6. List additional adults who live at the above address:

Mother _____ Step-parent _____

Father _____ Other _____

Name Relationship

Children's Names (List all current Euclid students.)				For office use only:	
Grade	Spec Ed	Current School	Home School	OC or BE	OC or BE
	Yes or No				OC or BE
	Yes or No				OC or BE
	Yes or No				OC or BE
	Yes or No				OC or BE

I certify that the above mentioned student(s) resides with me at this address. I understand that I may not have my child or ward enrolled in the Euclid Schools at any time unless I am maintaining a bona fide residence within the City of Euclid. Any effort on my part to illegally have my child or ward enrolled in the Euclid School District is in violation of the residency requirements and can result in criminal prosecution for the theft of services from the Euclid Board of Education under Ohio revised code section 2913.02, and for a violation of any other criminal statutes that may apply. Any conviction carries a potential fine and jail sentence.

I also understand that in addition to the aforementioned criminal sanctions, I am also responsible for repayment of the District's cost for any time that my child or ward is enrolled in the Euclid Schools when I am not a bona fide resident of the City of Euclid. The District's cost for the 2020-2021 school year is **\$652.13** per month.

I hereby waive my rights to confidentiality of information relative to my residence and understand that the Euclid City School District will use whatever legal means it has at its disposal to verify my residency.

- Submitted Proof of Residency:**
- Lease _____
 - Home Ownership _____
 - Letter from Management _____
 - Business Mail _____

30-Day Waiver Granted

Return **two pieces** of business mail by _____, to complete the proof of residency or your child(ren) will be **withdrawn**.

Parent's/Guardian's Signature Date Student Affairs' Signature