



Residency and Custody Affidavit

For the purpose of establishing school residence and custody (to be completed by parent or legal guardian).

THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:

I, _____, certify that I am the custodial parent/legal guardian of
(Parent's or Legal Guardian's Full Name)

(Student's First and Last Name)

and that I have established residency at _____
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

PROPERTY OWNER'S NAME: _____ TELEPHONE NUMBER: _____

I understand that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the Euclid City School District address and also, that the residence where meals are taken and where the resident parent sleeps must be this residence.

WRITE YOUR INITIALS ON THE LINE TO THE LEFT AFTER READING EACH STATEMENT.

____ I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the Euclid City School District.

____ I/we understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the Euclid City School District, I will **immediately** notify the Registration Department in person with proof of new residency. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Euclid City School District, I will withdraw my child(ren) from the district.

____ I/we have provided the Euclid City School District with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the child (ren) being enrolled as per Ohio Revised Code 3313.672. I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

____ I/we acknowledge the student who is being registered **has not been expelled** or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

____ I/we understand that if the student attends school while not being eligible to do so tuition free, **the student and all responsible parties will be liable for tuition** at a rate set by the Ohio Department of Education according to the Ohio Revised code 3317.08 and **the student will immediately be withdrawn** from the Euclid City School District. The tuition rate for the 2020-2021 school year is \$652.13 per month per child.

____ I/we understand that the Euclid City School District **may use whatever legal means it has at its disposal to verify my residency.** I/we waive my rights to confidentiality of information relative to my/our residence. This information will be used to confirm or deny my residence in Euclid, Ohio.

Parent's or Guardian's Signature: _____ Date: _____

Student Affairs' Signature: _____ Date: _____

For office use only
State of Ohio
County of Cuyahoga } ss:

Being duly sworn, the above signed says that all statements contained in the foregoing affidavit are true.

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

Notary Public, State of Ohio
Seal
My commission expires on October 24, 2022.