

Dublin City School District

Residency Affidavit

Students 5111 F1a Revised 1/23/24 Page 1 of 2 *English*

This form is valid for the <u>current school year only</u>. In order to ensure continued enrollment in Dublin City Schools, you must complete a new form <u>by August 31st of each school year.</u>

TO BE COMPLETED BY THE PARENT/GUARDIAN*			
I, week basis in the Dublin City School District and a I am living with	, hereby certify that I have established m not maintaining a separate residence (owner/leaseholder) :	ed residency on a seven-days-a- e elsewhere. I further certify that and this residence is located at:	
Address (include apt #, if applicable)	City	Zip Code	
I am aware that Dublin City Schools may use any le unscheduled home visits to verify that I am living a		ot limited to, conducting	
I acknowledge and understand that if the above informs the truth thereof constitutes criminal falsification, a under the Criminal Code for any penalties that the I student for the student(s) listed below (\$36.72 per dattended Dublin City Schools, and I understand the Dublin City School District, I will immediately not be a present of athletes: I understand that Dublin City Beronder in the present of athletes: I understand that Dublin City Beronder in the present of athletes: I understand that Dublin City Beronder in the present of athletes: I understand that Dublin City Beronder in the present of athletes: I understand that Dublin City Beronder in the present of athletes: I understand that Dublin City Beronder in the present of the	a violation of Ohio Revised Code Section law provides. I also agree to pay the data of the KG students) to cover the period will be immediately withdrawn from the Records Compliance Officer and City Schools athletic teams will be forced.	on 2921.13, and I am liable ally tuition cost of \$73.45 per od during which they illegally a school. If I move out of the and I will withdraw my student(s).	
Student Name(s):	School of Attendance	ce:	
Parent/Legal Guardian signature: Must be signed	d in the presence of a Notary Public	Date:	
Email:	Cell phone num	ber:	
The State of Ohio, County of			
Sworn to before me and signed in my presence this	day of	, 20	
Notary Public			

Residency Affidavit

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TO BE COMPLETED BY THE OWNER / LEASEHOLDER**

I,	, hereby certify that I am the owner	/ leaseholder of the following
residence located within the Dublin City School Distr	rict:	Ç
Address (include apt #, if applicable)	City	Zip Code
I further certify that the following individuals physica	ally reside with me on a seven-days	-a-week basis:
Names (list all individuals living at the residence	e):	
financial responsibility for tuition for the above-name the Dublin City School District. I agree that the Dublin agree to allow the release of residency information to individuals move out of the Dublin City School Distr 760-6000.	lin City School District has the right of a representative of Dublin City Sch	t to investigate my residency. I nool District. If the above
Signature of Owner / Leaseholder:		Date:
Must be signed	in the presence of a Notary Public	
Cell phone number:		
The State of Ohio, County of		
Sworn to before me and signed in my presence this _	day of	, 20
Notary Public	_	

- *As proof of residency, the Parent / Legal Guardian must provide the following document:
 - 1. Post-marked envelope addressed to you at the above-listed address
- **As proof of residency, the **Owner** must provide the following documents:
 - 1. Current mortgage statement or Auditor's Report
 - 2. Current monthly utility bill
- **As proof of residency, the **Leaseholder** must provide the following documents:
 - 1. Current rental agreement, signed by both Landlord and Tenant
 - 2. Current monthly utility bill