



## Non-Resident Verification of Employment

- To be completed by parent/guardian requesting the non-resident status.
- To be signed by the employer verifying employment.
- Completed form(s) to be returned to the Records Compliance Officer at Central Office.
- Parent/guardian must submit ongoing verification of employment by providing copies of monthly pay stubs.

Pursuant to Section 3313.64(F)(3) of the Ohio Revised Code, the Dublin City School District will enroll a non-resident student who has a medical condition for which there is substantial likelihood that emergency medical treatment might be required. The parent(s) or legal guardian(s) must be regularly employed in the District during the school day.

\_\_\_\_\_ is seeking to enroll his/her child,  
\_\_\_\_\_ in accordance with this provision  
of state law.

This form certifies that \_\_\_\_\_ is employed by:  
(Parent/Guardian name)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

The individual named above is employed: \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time

He/she is regularly scheduled to work between the hours of 7:30 a.m. and 3:30 p.m. on:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

He/she has been employed by our company since \_\_\_\_\_  
(month) (day) (year)

By my signature below, I verify that the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Employer Name Title

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Parent/Guardian Signature Date