

**RESIDENCY AND CUSTODY AFFIDAVIT**

For the purpose of establishing school residence and custody – to be completed by parent or legal guardian
SIGN ONLY AFTER CAREFULLY READING AND SIGNING IN THE PRESENCE OF A NOTARY

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

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

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

For renters: Date of Occupancy: _____ Lease End Date (if applicable): _____

I, _____, certify that I am a resident of the above residence located within the Twinsburg City School District. The registrar has explained to me 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 family's **Twinsburg City School District** address and also, that the residence where meals are taken, and where the resident parent sleeps must be the **Twinsburg City School District** residence. (A current Ohio Driver's License with your most recent address, is required for identification.)

List the names of ALL people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) or "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.) Attach a separate piece of paper, if needed.

_____ Last Name	_____ First Name	_____ School/Status	_____ Last Name	_____ First Name	_____ School/Status
_____ Last Name	_____ First Name	_____ School/Status	_____ Last Name	_____ First Name	_____ School/Status
_____ Last Name	_____ First Name	_____ School/Status	_____ Last Name	_____ First Name	_____ School/Status

Please read each statement and then place your initials to the left of the 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 register named students in the Twinsburg 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 Twinsburg City School District, I will immediately file another residency and custody affidavit with the Board of Education of the **Twinsburg City School District**. 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 **Twinsburg City School District**, I will withdraw my child(ren) from the district and will register my child(ren) in the new district of residence.
- _____ 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, plus administrative costs, court costs, and any attorney fees incurred in the collection of those sums and the student will immediately be withdrawn from the Twinsburg City School District. Tuition will be charged per the current rate published by the Ohio Department of Education.
- _____ I/we understand that the Twinsburg City School District may use whatever legal means it has at its disposal to verify my residency. I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the Twinsburg City School District, the City Tax Administrator, to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.
- _____ I/we understand that a complete, certified time-stamped court document designating custody/guardianship of the above named child must be presented at the time of registration or this child will be removed from the Twinsburg City School District to be registered in the school district of his/her legal guardian.

NOTE: Be sure you have read this statement carefully before you sign. **Giving false information under oath is punishable as a criminal offense** under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, **each violation may be thoroughly and vigorously prosecuted.**

Signature (s) _____
 Parent/Legal Guardian/Custodian Student, if 18 years of age or older

State of Ohio, County of Summit

SWORN TO AND SUBSCRIBED in my presence this ____ day of _____, 20__

(Seal)

 Notary Public My commission expires _____