



OWNER AFFIDAVIT OF RESIDENCY

(Must be completed by Homeowner if you are living with another Twinsburg family)

For the consideration that _____ may attend school in the Twinsburg City School District, I
Student's name

_____, do hereby swear and affirm that _____
Twinsburg Resident (please print) Student's name

will reside with me at my home _____ and
Street Address City State Zip Code

that Mr. and/or Mrs. _____ will also reside at the above address.
Parent's name(s)

Please read and initial each statement before signing in the presence of a Notary Public.

___ I understand that it will be my responsibility to notify the Twinsburg City School District (330-486-2000) when the above-named family no longer resides in my home/residence.

___ I understand that should any of the above statements be false, I am liable for any penalties including, but not limited to, the collection of any money owed for tuition purposes at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08, plus interest, 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costs, court costs, and any attorney fees incurred in the collection of those sums and the student will immediately be withdrawn from the Twinsburg City School District.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. Tuition for the 2023-24 school year is \$11,516.68.**

___ I agree to, and stipulate, that the Twinsburg City School District may use whatever legal means it has at its disposal to verify my residency, including having an attendance officer visit my home to ensure that the family named above, resides at this address.

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 Twinsburg City School District, each violation may be thoroughly and vigorously prosecuted.

Signature of Twinsburg Resident

Date

Printed Name of Twinsburg Resident

**State of Ohio
County of Summit**

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

(Seal)

Notary Public

My commission expires _____

The Twinsburg Resident must provide a deed, along with two verifying proofs of mail delivery, and current Ohio Driver's License.