



UPPER ARLINGTON SCHOOLS

SERVE • LEAD • SUCCEED

Affidavit for Families Residing with Friends or Relatives

To be completed by the Parent/Guardian

_____ Current school year

This form is in effect for the **current** school year. This form must be completed and submitted at the beginning of **each school year** during which you are living with friends or relatives within the Upper Arlington City School District.

I, _____, being duly sworn, certify that I am the parent/guardian of:

Student Name:

School:

Parent/guardian phone:

Home _____ Cell _____ Work _____

I certify that I, and the above-named child(ren) have established "legal residency" (where the family eats, sleeps, receive mail, and where the parent(s) are registered to vote) on a seven days per week basis at the property located at:

Street Address _____

Apartment/unit (if applicable)

City/State/Zip _____

...and we **are not maintaining a separate residence elsewhere**. I am aware that the school district may require additional documentation to verify our residency. I will immediately notify school officials if we change residences. I understand that Upper Arlington City Schools athletic teams will be forced to forfeit games when ineligible players who have enrolled under false pretenses have participated on the team.

- I realize that should any of the above statements be false, I am liable for any penalties that the law provides under the criminal code. Further, the affiant will be billed — and prosecuted in court, if necessary — to collect all back tuition which may be due.

Note: This form must be signed in the presence of a Notary Public.

State of Ohio.] SS
County of Franklin]

Parent/guardian signature

date

Sworn to before me and in my presence on this _____ day of _____, 20____.

Parent/guardian, please provide any of the following along with this affidavit:

- Utility/Auto/Insurance bill within the last 30 days
- Copy of driver's license address update
- Copy of voter registration at this address
- Paystub within the last 30 days reflecting this address

Notary Public



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Affidavit for Families Residing with Friends or Relatives

To be completed by homeowner

_____ Current school year

This form is in effect for the **current** school year. This form must be completed and submitted at the beginning of **each school year** during which the family members listed below are living in your residence within the Upper Arlington City School District.

I, _____, hereby certify that I am the **owner** of the house/condominium
print name please

located at:

_____ address _____ zip code

I, _____, further certify that the following persons reside at this
print name please

property and, to the best of my knowledge, are not maintaining a separate residence elsewhere.

Student Name	Student Name
Student Name	Student Name
Student Name	Student Name

- I realize that should any of the above statements be false, I may be liable for any penalties that the law provides under the criminal code.
- I am aware that the Upper Arlington City School District may use legal means to verify my residence including unscheduled home visits.

Note: This form must be completed in the presence of a Notary Public.

State of Ohio) SS
County of Franklin)

_____ Homeowner's signature

_____ date

Sworn to before me and in my presence this _____ day of _____, 20__.

_____ Notary Public

Office Use Only

Visual Verification of Residency _____
Date completed

Additional Documentation _____
Date completed