



NEW ALBANY-PLAIN LOCAL SCHOOL DISTRICT

FAMILIES RESIDING WITH RELATIVES OR FRIENDS FORMS

SWORN STATEMENT OF RESIDENCE

This form is required and to be completed if you are residing with relatives or friends.

Part I (to be completed by Parent/Guardian)

Affidavit

State of Ohio
Franklin County, S.S.

I _____ am not maintaining a separate residence elsewhere and hereby certify that I have established residency in the New Albany-Plain Local School District. I am aware that New Albany-Plain Local Schools may use any legal means necessary to verify that I am living at the address listed below.

Street Address: _____

City

State

Zip

Occupant/owner of residence

Your relationship to Occupant/owner

Home Phone Number

Cell Phone Number

Student Name(s)

_____ ELC NAPS NAIS NAMS NAHS

_____ ELC NAPS NAIS NAMS NAHS

_____ ELC NAPS NAIS NAMS NAHS

I realize and understand that if the above statements are false, I am liable under the Criminal Code for any penalties which the law provides. If the student is found to not be a legal resident, the student will be immediately withdrawn and the district will seek remuneration for the student who illegally attended school in the district.

Parent/Guardian Signature

Home/Cell Phone

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

Notary Public



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Part II (to be completed by Owner/Lessee)

Affidavit

State of Ohio
Franklin County, S.S.

I, _____, hereby certify that I am the owner of the dwelling located at:

Street Address: _____

City

State

Zip

Parent/Guardian and Child(ren)'s names who reside at the above address.

I, _____, certify that the following person(s) listed above, actually reside at this property. I understand that I am expected to provide the necessary documentation to verify my residency. I am aware that the New Albany-Plain Local School District may use any legal means to verify my residence. I realize and understand that if any of my statements are false, I am liable under the Criminal Code for any penalties which the law provides.

Signature of Owner/Lessee

Printed Name of Owner/Lessee

Home Phone Number

Cell Phone Number

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

Notary Public