



NEW ALBANY-PLAIN LOCAL SCHOOLS

Student ID#

Empty box for Student ID#

OATH OF RESIDENCY

I, _____, hereby certify that I have established residency, seven (7) days a week in the

Parent's Name

New Albany-Plain Local Schools district and I am not maintaining a separate residency elsewhere. I am the parent, guardian, or legal custodian of

Student(s) Name(s)

and I live at _____
House Number and Street Name Apt # City Zip

This has been my place of residence since: _____
Month Date Year

I acknowledge and understand that if the information provided above is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification and is a violation of Ohio Revised Code, Section 23921.13 first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months. Further, if the student is found to not be a legal resident, the district will seek remuneration of each day the student illegally attended school in the district. False information may result in the loss of a student's athletic eligibility for one calendar year.

I agree that New Albany-Plain Local Schools, if they deem necessary, has the right to investigate my residency. I hereby give my permission for release of information, concerning my residency, from employers, realtors, rental offices, and utility providers to a representative of New Albany-Plain Local Schools.

Signature of Parent/Guardian/Legal Custodian

Date

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Signature

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FOR FAMILIES LIVING WITH RELATIVES OR FRIENDS ONLY

**

(to be completed if the custodial/residential parent does NOT have a lease or mortgage in their name for the New Albany-Plain Local Schools' address listed above)

I, _____, do solemnly swear or attest that the person(s) named below lives with me at the

Owner's Name

following address and I have provided a current mortgage statement, along with a gas or electric bill:

Name(s) of Parent / Guardian / Legal Custodian

Child(ren) Name(s)

Street Address, City, Zip Code

As Owner/Lessor, I understand that this statement is being made in order to provide proof of residency so the above named child(ren) may be admitted to New Albany-Plain Local Schools. Persons who knowingly falsify this information are subject to legal action and the child(ren)'s immediate withdrawal from school.

Owner Initial Here

As the enrolling parent/guardian/legal custodian, I, _____, attest I do NOT live in any other residence and that this living arrangement is not solely for the purpose of establishing school attendance eligibility. I understand I will now have thirty (30) days from the date of this document, to provide one (1) current proof of residency; and, that if I should establish my own residence, I will immediately complete a Change of Address form and provide the Registrar with two (2) current proofs of my new address.

Parent/ Guardian/Legal Custodian Initial Here

If you do not provide the necessary documents to CLOSE this affidavit within thirty (30) days, your child(ren) will be immediately withdrawn from the school district.

Signature of Owner/Lessor

Date

Signature of Parent/Guardian/Legal Custodian

Date

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Signature