

First Name: _____

Date of Birth: _____



Fairview Park City School District
21620 Mastick Rd., Fairview Park, OH 44126
p: 440.331.5500 f: 440.356.3545
www.fairviewparkschools.org

Dr. William W. Wagner, Superintendent

Last Name: _____

Graduation Year: _____

Student Number: _____

Document Type: _____

PARENTAL 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's or Legal Guardian's Full Name)

(Student's Name) _____

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

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

I, _____, certify that I am a resident of the above residence located within Fairview Park City Schools. 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 Fairview Park City Schools address and also, that the residence where meals are taken, and where the resident parent sleeps must be the Fairview Park City residence. (Photo identification, such as an 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) and "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 (If Applicable)	_____ Last Name	_____ First Name	_____ School (If Applicable)
_____ Last Name	_____ First Name	_____ School (If Applicable)	_____ Last Name	_____ First Name	_____ School (If Applicable)
_____ Last Name	_____ First Name	_____ School (If Applicable)	_____ Last Name	_____ First Name	_____ School (If Applicable)

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 enroll named students in the Fairview Park City Schools

____ 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 Fairview Park City Schools, I will **immediately** file another residency and custody affidavit with the Board of Education of the Fairview Park City Schools. 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 Fairview Park City Schools, I will withdraw my child(ren) from the district and will enroll my child(ren) in the new district of residence.

- _____ I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).
- _____ I/we have provided the Fairview Park City Schools with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672.
- _____ 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 interest at a rate of 1.5% per month, administrative costs, court costs, and any attorney fees incurred in the collection of those sums and the **student will immediately be withdrawn from** the Fairview Park City Schools.
- _____ I/we understand that the Fairview Park City Schools **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 Fairview Park City Schools, the City tax Administrator, and the Regional Income Tax Agency (RITA) 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.

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 18 years of age or older: _____

County of Cuyahoga)
) SS:
 State of Ohio)

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence,

This _____ day of _____, 20_____, _____ Notary Public