



SOUTHWEST LOCAL SCHOOL DISTRICT

10800 Campbell Road Harrison, Ohio 45030 (513) 367-4139 Fax (513) 367-2287

John C. Hamstra
Superintendent

Thomas J. Lowe
Treasurer

Corinne M. Hayes
Assistant Superintendent

Adam D. Lohbeck
Director of Operations

Affidavit of Residency

**This form must be completed in its entirety for consideration of enrollment to the Southwest Local School District. If not complete, the request for enrollment will be automatically denied. This affidavit is to be completed and signed in front of a Notary Public by both the property owner and the parent/guardian living in a domicile with no other accepted residency documentation. This form must be returned with two of the following documents as proof of residency: a mortgage statement or deed, property tax statement, or a water bill tied to this residence in the property owner's name.*

Notice - Read Carefully: Knowingly falsifying this document is a violation of Ohio Revised Code 2921.13 which is punishable by a fine of up to \$1000 and a prison term of six (6) months as a Felony offense. Furthermore, the affiant will be billed to collect all back tuition and educational costs which would be due and prosecuted through the courts, if necessary.

I agree that Southwest Local School District has the right to investigate my residency and visit my home as necessary. I agree to allow the release of any rental information and also utility customer information to a representative of Southwest Local School District. I acknowledge that this Affidavit of Residency and two documents that serve as proof of residency will be required on an annual basis prior to the start of each school year to maintain enrollment in the Southwest Local School District.

Parent Signature: _____

Date: _____

Name of Student(s): _____

My PRIOR residence was: Street Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, no longer live at the above listed residence.

I moved from that residence on _____.

My CURRENT residence is: Street Address: _____

City: _____ State: _____ Zip Code: _____

Vehicle Make/Model: _____ License Plate: _____

Current Employer of Parent/Guardian: _____

Employer Address: _____ Employer Phone Number: _____

TRUE FALSE

_____ The CURRENT address listed above is where I eat and sleep overnight.

_____ The CURRENT address is where my child(ren) eat and sleep overnight a majority of the time.

_____ I do not rent or lease a house, condominium, or apartment outside of the Southwest Local School District.

_____ I am not provided with living space outside of Southwest Local School District by a friend, relative, or other agency.

For office use only:

HCESC Attendance/Tuancy personnel assigned for visual home inspections:

Name: _____ Phone: _____

Home Visit Attempts

1 _____
2 _____
3 _____

Mission: "Academic and Social growth for all students, EVERY DAY!"

Motto: "Excellence through Relationships!"

Core Values: Trust, Respect, Ownership, and Leadership



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Affidavit of Residency (continued)

TO BE COMPLETED BY OWNER OF PROPERTY/LANDLORD

I, _____, am the **OWNER** of the residential property located at:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Landlord Cell Number: _____ Landlord Work Number: _____

I attest that **ALL** of the occupants of this address are listed below, along with their relationship to the tenant:

Name	Age	Grade	Relationship to Tenant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TO BE SIGNED IN FRONT OF NOTARY PUBLIC

Name of Property Owner: _____

Signature of Property Owner: _____

Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Types of Proof of Residency to be provided (2): _____

TO BE COMPLETED BY NOTARY PUBLIC

Subscribed and sworn to (or affirmed) before me, a Notary Public of the State of Ohio, on the _____ day or _____, 20____

_____, who said that he/she testifies that the above information is a true and accurate statement.

NAME OF PERSON BEFORE ME

In testimony whereof, I have hereunto subscribed my name and affixed my official seal.

NOTARY PUBLIC SIGNATURE

My commission expires: ____ / ____ / ____

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