



# 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:  
*print name please*

Student Name(s)	School
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian phone:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Extension \_\_\_\_\_

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

Street Address \_\_\_\_\_  
*house number and street name* *apartment, 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 )

\_\_\_\_\_ date  
*parent's/guardian's signature*

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*



# Affidavit for Families Residing with Friends or Relatives

## ***To be completed by the 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 located at  
*print name please*

\_\_\_\_\_ *address*

\_\_\_\_\_ *zip code*

I, \_\_\_\_\_, further certify that the following persons actually reside at this property and,  
*print name please*

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

\_\_\_\_\_ *parent's/guardian's name*

\_\_\_\_\_ *student's name*

\_\_\_\_\_ *student's name*

\_\_\_\_\_ *student's name*

\_\_\_\_\_ *student's 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 signed 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*