



# RESIDENCY AFFIDAVIT

I, \_\_\_\_\_ certify that I am the  **Owner**  **Tenant**  **Resident** of the dwelling/apartment located at:

\_\_\_\_\_  
(Street Number and Name) (Apartment Number) (Phone Number)

\_\_\_\_\_  
(City) (State) (Zip Code) (Date of Occupancy)

I, \_\_\_\_\_ certify that I am a **full-time resident** of the above address located in the Medina City School District, and do not maintain a separate primary residence elsewhere.

**Residence Verification must be brought into the Medina City Schools REGISTRAR at the time of registration as follows:**

- If you are the **Owner** of the dwelling, any one (1) of the following items listed below is acceptable:  
**Purchase/settlement statement      Utility Bill      Insurance statement on dwelling**
- If you reside with a resident of Medina, the owner or tenant of the property must complete a Residence Affidavit Form and provide one (1) of the above proofs of residence –OR– a signed lease agreement (with a letter from the **landlord**):

**By initialing the following statements, I further certify that:**

\_\_\_\_\_ This information is true, accurate, and not made for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the Board of Education requiring legal residency in order to attend the Medina City Schools.

\_\_\_\_\_ If I change my present address to another address that is within the Medina City School District, I will **immediately** notify my child(ren)'s school and provide required residency documents.

\_\_\_\_\_ I understand and agree that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Medina City School District, I will withdraw my child(ren) from the Medina City School District, and will enroll my child(ren) in the new district of residence.

\_\_\_\_\_ If I fail to withdraw my child(ren) and /or it is determined that I am not a resident of the Medina City School District, I understand that my child(ren) will be withdrawn from the Medina City School District. I will also be responsible for, and will pay the current full tuition rate to the Treasurer of the Medina City School District, pursuant to section 3317.08 of the Ohio Revised Code, for that part of the school year that my child(ren) were illegally enrolled in the Medina City School District.

\_\_\_\_\_ I also understand that an attendance officer may visit my home to verify residency at this address.

**NOTE: BE SURE YOU HAVE READ THIS STATEMENT CAREFULLY BEFORE YOU SIGN. IF YOU FALSIFY THE INFORMATION PROVIDED ON THIS AFFIDAVIT, YOU MAY BE FOUND GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE AND LIABLE FOR A PENALTY UNDER LAW OF UP TO A \$1,000 FINE, SIX (6) MONTHS IN JAIL, AND TUITION REIMBURSEMENT.**

List below the names and birth dates of **ALL** persons residing at the above address:

Adults- First and Last Names	DOB	Children- First and Last Names	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Student's Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**NOTE: SIGN ONLY IN THE PRESENCE OF AN OHIO NOTARY PUBLIC.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Parent/Guardian)

Please Print: \_\_\_\_\_

**Signature of Residence Owner/Renter** \_\_\_\_\_

County of Medina ) Attested to and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
State of Ohio ) (Seal)

Notary Public \_\_\_\_\_  
Commission Expires \_\_\_\_\_