

**THIS FORM MUST
BE NOTARIZED**

Garfield Heights City Schools

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 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 of Legal Guardian's Full Name)

_____ and that I have established residency at
(Student's Name)

(Street Name and Number, Apt #, Up or Down) (City) (State) (Zip Code)

Date of Occupancy: _____ End Lease Date: _____

I, _____, certify that I am a resident of the above residence located within **Garfield Heights**. 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 **Garfield Heights City Schools** address and also, that the residence where meals are taken, and where the resident parent sleeps must be the **Garfield Heights City Schools** residence.

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 CAREFULLY and initial to the left.

_____/I/We certify that the information provided in this document 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 **Garfield Heights City Schools**.

_____/I/We understand that I/we are responsible for informing the Garfield Heights Board of Education 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 **Garfield Heights City Schools**, I will immediately file another residency and custody affidavit and submit required residence documentation with the **Garfield Heights City Schools**. I further understand that if the above noted address ceases to be my legal residence and my new address is outside the boundaries of the **Garfield Heights 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 responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

_____/I/We have provided the **Garfield Heights 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 jurisdiction over the custody or residency of the child(ren) 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 may be liable for tuition** at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08, and related costs, and the **student will immediately be withdrawn** from the **Garfield Heights City Schools**.

_____/I/We understand that the **Garfield Heights City Schools may use whatever legal means it has at its disposal to verify my residency**. I/We hereby waive my/our rights to confidentiality of information relative to my/our residence and give permission to the **Garfield Heights City Schools**, the City Tax Administrator, the Regional Income Tax Agency (RITA) and Cleveland Metropolitan Housing Authority (CMHA) to release 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 \$1000 and/or a jail term of 6 months. In cooperation with the City Prosecutors, each violation may be thoroughly and vigorously prosecuted.

Signature of Parent/Legal Guardian/Custodian: _____

Signature of Student (only if 18 years 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