

JACKSON CITY SCHOOL DISTRICT
OATH OF RESIDENCY

(This form must be completed by the parent of the student(s))

I, _____, (Parent/Guardian) hereby certify that I have established residency on a seven-days-a-week basis in the Jackson City School District and am not attempting to establish residence in order to avoid paying tuition to attend the public school to which the current address is assigned. I am aware that the Jackson City Schools may use any legal means necessary to verify I am living at the address listed below.

I further certify that this residence is located at:

Address _____

Zip Code _____ Phone _____ Cell Phone _____

- Parent/Guardian moved to this current residence on _____, 20_____
- Parent/Guardian's previous address _____
- Parent/Guardian does not continue to maintain this previous residence nor maintain any other residence in the State of Ohio. _____ (initial)
- Parent/Guardian states that all personal property has been moved into this residence and does not have any personal property at the previous address. _____ (initial)
- Parent/Guardian does/does not (circle one) receive utility bills at the current address listed above.
- Parent/Guardian does/does not (circle one) receive all of their mail at the current resident address listed above.
- Parent/Guardian does/does not (circle one) eat the majority of their meal at the current address listed above.
- Parent/Guardian does/does not (circle one) sleep the majority of the time at the current address listed above.
- Parent/Guardian is/is not (circle one) registered to vote from the current address listed above.
- Parent/Guardian's driver's license does/does not (circle one) show the current address on it.

I certify that I am the Parent/Guardian of and have full legal custody of the child(ren) listed below. No other person claims to have a legal right to the custody of said child(ren).

<u>STUDENT NAME</u>	<u>GRADE</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature

Phone Number

TO BE COMPLETED BY PROPERTY OWNER

- Parent/Guardian rents/moved into (circle one) the current residence listed.
- If renting your property, the name, address and telephone number of landlord is: _____

- If moving in to your property without paying rent, what is the relationship to the occupant of the residence _____
- If parent/guardian has moved into a residence that they are neither renting nor own, the **owner of the residence** must certify that they are approved to be living at this address.

I, as owner of the residence listed, am aware of and certify that the persons listed above have been approved to live at the following residence/address:

Signature of Owner Date Telephone Number

STATE OF OHIO
COUNTY OF JACKSON, ss:

Be it remembered, on this _____ day of _____, 20_____, personally appeared _____, and acknowledged the signing thereof to be his/her voluntary act and deed for the uses and purposes therein stated.

In testimony whereof, I have hereunto subscribed my name and official seal on the day and year last aforesaid.

Notary Public, State of Ohio
My Commission Expires: _____

Permission to enroll on the basis of the information provided shall not extend beyond the current school year. Additional information may need to be provided at the beginning of the next school year.

The Board of Education reserves the right to require additional documentation to establish residency to the satisfaction of the Superintendent or designee, including, but not limited to, a current lease, deed or insurance information of the homeowner.