



RESIDENCY CERTIFICATION
TO BE COMPLETED BY PERSON WITH PROOF OF RESIDENCE

I, _____, hereby certify that I am the person with proof of residence for the following address:

_____ Street Address _____ City _____ Zip Code
which is located within the geographic boundaries of the _____ School District.

I hereby certify that _____ and his/her family presently reside at the above address at all times.

They began residing at the above address on _____ Date

I understand that in the State of Ohio, residency for school purposes includes being physically present for a significant period of time in a dwelling and conducting regular daily activities there such as eating, sleeping, receiving mail, relaxing and leaving from and returning to after work.

I understand that my failure to complete this Residency Certification form with true and accurate information may avail me to civil and/or criminal liability in a court of law.

IMPORTANT - Attached hereto is a copy of my PROOF OF RESIDENCY as requested by the Marysville Exempted Village School District.

SIGN (in front of Notary) _____

Date: _____

County of _____)
State of Ohio _____) ss:

Attested to and subscribed in my presence this _____ day of _____, 20____.

(Seal) Notary public _____



**RESIDENCY AFFIDAVIT FOR OPEN ENROLLED STUDENTS
FOR THE PURPOSE OF ESTABLISHING SCHOOL RESIDENCY
TO BE COMPLETED BY PARENT/LEGAL GUARDIAN**

I, _____, hereby certify that I am a resident of the _____ School District and presently reside at all times, including eating and sleeping, at the following address:

Address City Zip Code

I hereby certify that I am the residential parent/legal guardian for school purposes of the following student(s) living at the above address: (Please print)

_____	_____	_____
Full Name	D.O.B	School/Grade
_____	_____	_____
Full Name	D.O.B	School/Grade
_____	_____	_____
Full Name	D.O.B	School/Grade

Total number of students currently enrolled in the Marysville Exempted Village Schools (including child(ren) being enrolled): _____

I further certify that:

1. The information above 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 Marysville Exempted Village Schools.
2. If I change my present address to another address within the boundaries of the Marysville Exempted Village School District, I will immediately file a new residency affidavit that includes the updated address with the school building(s) which my child(ren) attend(s).
3. I understand and agree that if the above noted address ceases to be my legal residence and my new legal residence is located outside the boundaries of the Marysville Exempted Village School District, I will withdraw my child(ren) from the Marysville Exempted Village Schools and will enroll my child(ren) in the proper district of residence.
4. I understand and agree that if I cease to be the child(ren)'s residential parent/legal custodian for school purposes, I will notify the school building(s) which my child(ren) attend immediately and understand that my child(ren) will be withdrawn at that time. Failure to do so will result in tuition billing for any and all periods of time the child(ren) was illegally enrolled in the Marysville Schools.
5. If I fail to withdraw my child(ren) and /or it is at any time discovered by the Administration of the Marysville Schools that I am not a resident of the Marysville Exempted Village School District, I understand that my child(ren) will be withdrawn from the Marysville Schools. I also agree to be responsible for, and agree to pay, the current full tuition rate to the Treasure of the Marysville Exempted Village School District pursuant to R.C. 3317.08 of the Ohio Revised Code for any period of the school year or school years that my child(ren) were illegally enrolled in the Marysville Schools.
6. I further understand that should I fail to pay the full tuition rate as outlines in Section (5), I may be sued in a court of law to collect any outstanding tuition balance owed for the illegal enrollment of my child(ren).

SIGN (in front of notary) _____ Date: _____
(Parent/Legal Guardian)

PLEASE PRINT: _____ Date: _____
(Parent/Legal Guardian)

cc: Cumulative File(s) (original copy with seal)

County of _____)
State of Ohio) ss:

Attested to and subscribed in my presence this _____ day of _____, 20____.

(seal) Notary public _____