

Licking Valley Local School District Residency Form

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To establish residency within the Licking Valley School District, a parent or guardian must provide the following:

1. Name & Grade Level of student (s) _____

Parent/Guardian name (s) _____

2. Former address: _____

3. Current address: _____

4. Verify current address by attaching a copy of any of the following documents:

Copy of current lease agreement, including current address, copy of deed or closing statement including current address, or a contract to buy or build a house in the district, or copies of two current utility bills in the parent/guardian's name at the current address. **High School/Middle School students:** Ohio High School Athletic Association requires a copy of a voter registration card and a copy of driver license showing current address.

5. ONLY COMPLETE THIS SECTION IF YOU ARE UNABLE TO PRODUCE THE DOCUMENTS SPECIFIED IN #4, because you are living with family or friends. You must provide the information requested below (in a, b, and c) at the time of registration each school year.

a) Name of person with whom you are residing _____

Relationship to the person with whom you are residing _____

b) Residency Affidavit – to be completed by person listed in (a)

I certify by providing proof of residency as listed above in #4 that I am the owner or tenant of the dwelling located at the address listed above in #3. I further certify that the persons listed above in #1 actually reside at this dwelling and are not maintaining a separate residence, as that term is defined for public school admission, elsewhere. I certify that the above information is true and accurate and acknowledge that the Licking Valley Local School District may use any legal means to verify my address. I realize that should any of the above statements be false, I may be liable for any penalties for which the law provides. I further acknowledge that this certification is valid only for the _____ (current) school year.

Signature of Owner/Tenant

Date

Print Name of Owner/Tenant and Phone Number

Sworn to and subscribed before me
this _____ day of _____, 20____.

Notary Public
Commission Expires:

c) Oath of Residency – to be completed by parent/guardian registering the student

I, the parent/guardian of the students listed in #1 hereby certify that I have established residency, on a full-time basis, in the Licking Valley Local School District and am not maintaining a separate residence, as that term is defined for public school admission, elsewhere. I am aware that the Licking Valley Local Schools may use any legal means necessary to verify that I am living at the address stated in #3 and acknowledge that if any of the above statements are false, I am liable for any penalties that the law may provide. Further, if any of this information is false or if I move out of the district, I agree to pay the tuition costs of **\$ 428.86** (per month/per student) to cover the period during which any of the students listed in #1 illegally attended the Licking Valley Local Schools.

Parent/Guardian

Date

Print Name of Parent/Guardian and Phone Number

Sworn to and subscribed before me
this _____ day of _____, 20____.

Notary Public
Commission Expires:

Revised August 4, 2014