

**SOUTHEAST LOCAL SCHOOLS
RESIDENCY VERIFICATION**

This form must be completed, by the legal parent/guardian.

Student's Name(s) _____ Grade(s)_____

Parent's Name_____

This is to verify that I am the custodial/residential parent of the child named above and:

____I am renting/leasing a residence in the District

____I do not own or rent a residence in the District.
I am currently living with someone who does.

Street address:_____

Where we are renting or living as guests of:

Name of landlord or person who () owns or () rents this residence. Phone Number

Should my residency change, I understand that it is my responsibility to notify the school immediately.

Parent Signature/Date

School District Witness (administrative team member) Date

Please have the property owner / or person you are leasing from sign and have it notarized below. Then return the completed form to the school within two school days.

I certify that the above information is correct and the above named student (s) currently resides in my home.

Signature of Residence Owner/Renter Date

Owner/renter MUST provide homeowner's/lease agreement. Parent/guest MUST provide a utility bill, medical bill, or insurance bill.

SWORN TO BEFORE ME AND subscribed in my presence this _____ day of _____, 20__.

Notary Public Date

**NOTICE:
Read Carefully**

Falsification of information provided in this document is a violation of the Ohio Revised Code. The Southeast Local School District reserves the right to prosecute the person completing this affidavit if the information provided is found to be false. Inaccurate and/or false information will result in immediate withdrawal of your child(ren) from the Southeast Local School District.