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		
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:		
Street address: Where we are renting or living as guests of:		
Name of landlord or person who () owns or () rents this residence.	e. Phone Num	ber
Should my residency change, I understand that it is my responsi	sibility to notify the school immediately.	
Parent Signature/Date		
School District Witness (administrative team member)	Date	
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Please have the property owner / or person you are leasing from sign completed form to the school within two school days.	n and have it notarized below. Then return the	
I certify that the above information is correct and the above named s	student (s) currently resides in my home.	
Signature of Residence Owner/Renter Date		
Owner/renter MUST provide homeowner's/lease agreement AN bill, medical bill, insurance bill, government assistance card/lette		ility

SWORN TO BEFORE ME AND subscribed in my presence this	, 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.