

Adams County Ohio Valley School District

141 Lloyd Road
West Union, Ohio 45693-9237
TELEPHONE: 937-544-5586
FAX: 937-347-5897



RESIDENCY AFFIDAVIT

I, _____, being duly cautioned, do solemnly swear or affirm the following:

1. I am the owner or renter of the residence at: _____
located in the _____ School District.

2. The following individual(s) _____

Is/are living at my above stated residence and have so since the ___ day of _____,

3. I acknowledge and understand that if the above information is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of ORC Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months. Further, if the student is found to not be a legal resident, the district will seek remuneration for each day the student illegally attended school in the district.

4. I agree that the Adams County School District, if they deem necessary, have the right to investigate my residency. I agree to allow the release of rental information and also utility customer information to a representative of the Adams County School District.

Owner/Renter's Signature: _____

Owner/Renter's Telephone Number: _____

Parent/Guardian Signature: _____ Date: _____

RESIDENCY AFFIDAVIT: Must be completed if Parent/Guardian is residing with someone.

When completing this form examples of proof must be presented:

Official Rental/Lease Agreement **OR** Copy of Deed **OR** Settlement Statement **OR** Land Contract **OR** Purchase Contract w/BLS-420 **OR** a Current Dated Utility Bill.