

RESIDENCY AFFIDAVIT - To establish school residence, completed by Parent/Guardian and must be NOTARIZED.

Name of Resident: _____ I certify that I am: Owner Tenant Resident of the dwelling/apartment located as stated below. I am a FULL TIME resident within the Brecksville-Broadview Heights City School District (BBHCSD) and I DO NOT maintain a separate residence elsewhere.

Residence: _____
Street Address City ZIP Date of Occupancy

CERTIFICATION – by initialing the following statements, I certify that:

___ This information is true, accurate and not made for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the BBHCSD Board of Education requiring legal residency in order to attend the BBHCSD.

___ If I change my present address to another address that is within the BBHCSD, I will immediately notify my child/rens school/s and provide required residency documents as noted below.

___ I understand and agree that if the above address ceases to be my legal residence and my new residence is outside the boundaries of BBHCSD, I will withdraw my child/ren from BBHCSD. I further understand that I will be responsible for and pay the current full tuition rate to the Treasurer of BBHCSD, pursuant to Section 3317.08 of the O.R.C. for the part of the school year that my child/ren were illegally enrolled in BBHCSD.

RESIDENCE VERIFICATION – Documents must be uploaded to Final Forms at time of enrollment and must be current

Owner of Dwelling: any two (2) of the following original items are acceptable:

- Warranty Deed Purchase/Construction Contract Homeowner’s/Rental Insurance Policy
- Lease Agreement Paystub Property Tax Bill
- Mortgage Statement Current Utility Bill showing service address & mailing address

Tenant of the Dwelling: Current signed lease and one (1) verification from the list above.

Parent/Guardian residing with BBHCSD resident: the owner or tenant must provide two (2) verifications as required including a lease. The parent/guardian registering and residing with the resident must complete a separate Residency Affidavit and provide one (1) verification from the list above.

Persons in the home: List the names of **ALL** persons (adults and children) who reside at the above address.

Name	DOB	Name	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student’s Name: _____ DOB: _____

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC

Parent/Guardian or Resident Relationship to Student Date

Sworn to and subscribed before me this _____ day of _____ 20_____

(affix seal)

Notary Public