

RESIDENCY AFFIDAVIT

For the purpose of establishing school residence, completed by Parent/Guardian and must be NOTARIZED.

Name of Resident: _____ I certify that I am the **Owner** **Tenant**
 Resident of the dwelling/apartment located as stated below. I am a FULL TIME resident within the
(BBHCSD) Brecksville-Broadview Heights City School District 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 Board of Education requiring the legal residency in order to attend the Brecksville-Broadview Heights Schools.

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

_____ I understand and agree that of 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 – Present verifications to the Enrollment Registrar at the time of enrollment.

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

Driver's License	Purchase/Construction Contract	Deed
Voter Registration	Paycheck Stub	Property Tax Bill
Insurance Policy	Utility Bill	Home Mortgage
Lease Agreement	Other Reliable Documentation (Board Approved)	

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)
