

VERIFICATION OF RESIDENCY AFFIDAVIT (Form R101 blue)

Today's Date

____/____/____

WORTHINGTON SCHOOL DISTRICT

TO BE COMPLETED BY PARENT OR GUARDIAN - PLEASE PRINT/TYPE ALL INFORMATION EXCEPT SIGNATURE

FORMER ADDRESS	NEW ADDRESS
Street _____	Street _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone Number _____	Phone Number _____
Name of person(s) with whom you are residing or from whom you are renting: _____	
Your relationship to that person: _____	
NAME OF STUDENT - PLEASE PRINT	

Name of Student	Birthdate	Worthington School/Grade	Former School
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Parent(s) Guardian Name: _____

Where are you employed? _____ Phone _____

*** In the case of a divorce or dissolution, documentation of custody signed by a judge must accompany this form**

AFFIDAVIT BY PARENT

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

I am the parent, guardian or legal custodian of _____ and I reside at _____

_____ this has been my place of residence since _____.

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 Ohio Revised Code 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 of each day the student illegally attended school in the district.

I agree that The Worthington School District, if they deem necessary, has 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 Worthington School District.

Parent/Guardian Signature

Please PRINT name signed above

SWORN TO AND ASCRIBED IN MY PRESENCE THIS _____ DAY OF _____ 20____

Notary Public

Seal

Address

or

City

State

Stamp

Phone

Zip Code

WORTHINGTON SCHOOL DISTRICT
200 E. WILSON BRIDGE RD.
WORTHINGTON, OH 43085
(614) 883-3000

AFFIDAVIT- Sharing Residences

STATE OF OHIO
FRANKLIN COUNTY, S.S.

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

1. I am the owner or renter of the residence at _____,
_____, Ohio _____, located in the Worthington School District.
City Zip Code Street Address

2. The following individual(s) _____

Name of Parent/Guardian(s)
Name of Student(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 Ohio Revised Code 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. Furthermore, by signing this form I am accepting financial responsibility for tuition for the above named student(s) should the student reside elsewhere. The current tuition rate is \$1,024.03 per month per student.

I agree that The Worthington School District, if they deem necessary, has the right to investigate my residency. I agree to allow the release of rental information and/or utility customer information to a representative of The Worthington School District.

Signature of Resident of Property: _____

Sworn to or affirmed and subscribed before me this ____ day of _____, _____, by
_____.

Notary Public