



RESIDENCY AFFIDAVIT

Jonathan Alder School District
9200 US Rt. 42 Plain City, OH 43064
614-873-5612 FAX: 614-873-8462
Superintendent, Gary Chapman

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

1.) I am the owner of the residence at _____

in the county of _____ located in the Jonathan Alder School District.

CONTACT NUMBERS: _____

2.) Listed below are all the occupants at the above address and their relationship to the tenant: (This affidavit must list all the residents within the dwelling to insure compliance with city housing and zoning codes, ordinance number as they relate to the number of persons allowable on the premises itself.)

NAME	DOB	RELATIONSHIP TO TENANT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.) The above listed tenant(s) is/are living at my above stated residence and have been since the _____ day of _____, 20 ____ The expected period of this tenancy is: monthly yearly other: _____

Property Owner's Name: (please print) _____

Property Owner's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY NOTARY

Sworn to or affirmed and subscribed before me this _____ day of _____, 20 ____

Notary Public: _____

NOTE: Knowing falsifying this document is a violation of the ORC: 2921.13A6 which is a First Degree Misdemeanor, punishable by a prison term of six months and/or a fine up to \$1,000.00. Further the affiant will be billed (and prosecuted in court, if necessary) to collect all back tuition which may be due. Inaccurate and/or false information will result in immediate withdrawal of your child(ren) from the JONATHAN ALDER SCHOOL DISTRICT.

FOR SCHOOL OFFICE USE ONLY:

Reviewed by: _____ Date: _____, 20 ____