



Cleveland Heights – University Heights City School District

RESIDENCY AND CUSTODY AFFIDAVIT



For the purpose of establishing school residence and custody (To be completed by parent or legal guardian)

SIGN ONLY AFTER CAREFULLY READING AND IN THE PRESENCE OF A NOTARY

I, _____, confirm I am the custodial parent/legal guardian of _____
(Parent's or Legal Guardian's Full Name) (student's Name)

and that I have established residency at _____
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

I understand that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the Cleveland Heights-University Heights City School District address and also, that the residence where meals are taken, and where the resident parent sleeps must be this residence.

List the names of ALL people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.)

Last Name First Name Status School (If Applicable)

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Please read each statement and then place your initials to the left of the statement.

____ I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the Cleveland Heights-University Heights City School District.

____ I/we understand that I/we are responsible for informing school officials of any change in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the CHUH City School District, I will **immediately** notify the Registration Department of the CHUH City School District. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the CHUH City School District, I will withdraw my child(ren) from the district.

____ I/we have provided the CHUH City School District with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672. I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

____ I/we acknowledge the student who is being registered **has not been expelled** or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

____ I/we understand that if the student attends school while not being eligible to do so tuition free, **the student and all responsible parties will be liable for tuition** at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08 and the **student will immediately be withdrawn from the Cleveland Heights-University Heights City School District.**

____ I/we understand that the CHUH City School District **may use whatever legal means it has at its disposal to verify my residency.** I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the Cleveland Hts-University Hts City School District, the City tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

NOTE: Be sure you have read this statement carefully before you sign. Giving false information under oath is punishable as a criminal offense under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, each violation may be thoroughly and vigorously prosecuted.

Signature(s):

Parent/Legal Guardian/Custodian: _____

Student 18 years of age or older: _____

STATE OF OHIO
COUNTY OF CUYAHOGA

} ss

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20__

Notary Public