



# Columbus City Schools Residency Affidavit

FAX AFFIDAVIT to: Project Connect 365-6213

**COLUMBUS CITY SCHOOLS**

This form is used when the Parent/Legal Guardian is not permanently housed, and at the time of enrollment or during the school year, unable to verify current address due to one of the following reasons:

- Living at a local shelter
- Living with relatives or friends **due to a housing crisis and/or economic hardship** (Doubled-Up)
- Motel/Hotel
- Unsheltered-Abandoned building, campground, tent, car, or other location, not meant for permanent housing

I, \_\_\_\_\_, hereby certify that I am establishing temporary residency at the following address:

Street	City	Zip code	Phone Number
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I agree to provide further verification of my temporary residency at this location within 30 days by providing one of the following:

- Franklin County Department of Job and Family Services Verification
- Employment Verification
- Social Security Administration Verification
- Verification From Shelter Agency
- Notarized Statement from Owner/Renter w/accompanying bill
- Child Support Verification
- Hotel/Motel Receipt

Name of Student	DOB	Grade	Last School of Attendance
1.			
2.			
3.			
4.			
5.			
6.			

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 the Ohio Revised Code Section 2921.13.

Please Print Name	Parent/Guardian Signature
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**SWORN TO AND ASCRIBED IN MY PRESENCE THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20** \_\_\_\_\_

Notary Public	Seal
	or
	Stamp