

FAMILY RESIDING WITH FRIENDS OR FAMILY



Please note: These documents should ONLY be filled out by registering families living with friends or relatives who OWN a home within the Columbus City School District.

If the friends or relatives you are living with are **RENTING**, the registering family must be on the lease either as a leaseholder or occupants.

Registering parents **MUST** provide an official piece of mail, current within 30 days, in their name, received at the address presented on this affidavit. The official piece of mail can be a utility bill (excluding phone, internet, cable), a stamped copy of the USPS Change of Address form, email confirmation from BMV updating the address on the driver's license, court notice, social services document, or an email from the employer confirming that the address and the school district income tax deduction has been updated. The official piece of mail must be emailed to residencyverification@columbus.k12.oh.us within 30 days.



COLUMBUS CITY SCHOOLS

Residence Affidavit for HOME OWNER

This form is to be completed by the HOME OWNER.

If you are renting/leasing the home, the registering family must be added to the lease either as a leaseholder or occupants.

I, _____, certify that I am the **OWNER** of the dwelling located at

(Street Address)

(City)

I, _____, further certify that the following person(s) actually reside at the property, and to the best of my knowledge are **NOT** maintaining a separate residence elsewhere. I **acknowledge and understand that if any of the information given on this form is not true and correct, that knowingly swearing or affirming thereof constitutes criminal falsification, a violation of Ohio Revised code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1000.00 and/or a maximum jail term of 6 months. Furthermore, by signing this form, I am accepting financial responsibility for tuition and any excess costs for the student(s) listed below should the student live elsewhere but continues to be registered as living in my home.**

I agree that Columbus City Schools, if it deems necessary, has the right to investigate my residency.

Parent/Guardian and Child(ren)'s Names Living In My Home

Print Name of OWNER _____

Signature of OWNER _____

Phone Number- OWNER: _____

Please notify Columbus City Schools at 614-365-4011 when the above occupants move from your residence. Thank you.

Before me, a notary public, came _____, who being duly cautioned and sworn, did sign the foregoing document as his/her free and voluntary act and deed this _____ day of _____, 20_____.

My Commission Expires: _____

Affix Seal Here

Notary Public

