



RESIDENCE AFFIDAVIT

I, _____ certify that I am the Owner Tenant Resident of the dwelling/apartment located at:

(Street Number and Name) (Apartment Number) (Phone Number)

(City) (State) (Zip Code) (Date of Occupancy)

I, _____ certify that I am a **full-time resident** of the above address located within the Solon City District, and do not maintain a separate primary residence elsewhere.

Residence verification must be brought and presented to the Solon Schools REGISTRAR at the time of registration as follows:

- If you are the **Owner** of the dwelling, any one (1) of the following items listed below is acceptable:
Purchase/Construction Contract Property Tax Bill Home Mortgage Coupon Deed
(Real Estate Property Information can be obtained from: <http://www.auditor.cuyahogacounty.us>)
- If you are the **Tenant** of the dwelling, a copy of your **current signed lease** agreement is required along with the **name, address and phone number of the lessor.**

OR

- If you reside with a resident of Solon **who owns the property**, the owner must complete a Residence Affidavit Form and provide one (1) of the above proofs of residence. You will also need to complete a Residence Affidavit Form and provide one (1) of the following:
Paycheck Stub with Solon Address Bank Statement Insurance Statement Any type of business mail addressed to parent/guardian - postmarked within 30 days

OR

- If you reside with a resident of Solon **who leases the property**, you must provide a signed lease agreement with you listed as an authorized occupant.

By initialing the following statements, I further certify that:

- _____ This information is true, accurate, and not made for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the Board of Education requiring legal residency in order to attend the Solon City Schools.
- _____ If I change my present address to another address that is within the Solon City School District, I will **immediately** notify my child(ren)'s school and provide required residency documents.
- _____ I understand and agree that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Solon City School District, I will withdraw my child(ren) from the Solon City School District, and will enroll my child(ren) in the new district of residence.
- _____ If I fail to withdraw my child(ren) and/or it is determined that I am not a resident of the Solon City School District, I understand that my child(ren) will be withdrawn from the Solon City School District. I will also be responsible for, and will pay the current full tuition rate to the Treasurer of the Solon City School District, pursuant to Section 3317.08 of the Ohio Revised Code, for that part of the school year that my child(ren) were illegally enrolled in the Solon City School District.
- _____ I also understand that an attendance officer may visit my home to verify residency at this address.

NOTE: BE SURE YOU HAVE READ THIS STATEMENT CAREFULLY BEFORE YOU SIGN. IF YOU FALSIFY THE INFORMATION PROVIDED ON THIS AFFIDAVIT, YOU MAY BE FOUND GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE AND LIABLE FOR A PENALTY UNDER LAW OF UP TO A \$1,000 FINE, SIX (6) MONTHS IN JAIL, AND TUITION REIMBURSEMENT.

List below the names and birth dates of **ALL** persons residing at the above address:

Adults - First and Last Names	DOB	Children - First and Last Names	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student's Name _____ Relationship to Student _____

NOTE: SIGN ONLY IN THE PRESENCE OF AN OHIO NOTARY PUBLIC.

SIGNATURE: _____ DATE: _____
(Parent/Guardian)

Please Print: _____

County of Cuyahoga) Attested to and subscribed in my presence, this _____ day of _____, 20____.
State of Ohio)
(seal) Notary Public _____
Commission Expires _____