

## 2018-2019 RESIDENCY VERIFICATION FORM

Clark-Shawnee Local School District  
3680 Springfield, OH 45502

This form must be completed when a parent cannot verify that he/she owns or rents a residence in the Clark-Shawnee Local School District. **A proof of residency must be attached in the name of the owner/renter on this form. The proof of residency must be a gas, electric or mortgage statement dated within 60 days or a current lease agreement.**

Student's Name \_\_\_\_\_ School \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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Although I do not own or rent a residence in the Clark-Shawnee Local School District, this is to certify that I am the custodial parent of my child named above and our current permanent residence is:

Street Address \_\_\_\_\_ Previous Address \_\_\_\_\_  
City and Zip Code \_\_\_\_\_ City and Zip Code \_\_\_\_\_

Where we are living as guest of:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Who Owns \_\_\_\_\_ Rents this residence \_\_\_\_\_

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I promise to notify the school immediately if my residence changes. If my permanent residence changes, I understand that my child may no longer be eligible to attend school in the Clark-Shawnee Local School District.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the above information is correct and the above named parent and student currently rent and/or reside in my home.

\_\_\_\_\_  
Signature of Residence Owner/Renter \_\_\_\_\_ Date \_\_\_\_\_

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SWORN TO BEFORE ME and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_  
Notary Public \_\_\_\_\_ Date Commission Expires \_\_\_\_\_

**NOTICE: READ CAREFULLY: Knowingly falsifying this document is a violation of the Ohio Revised Code: Section 2921.13(A)(6) which is a First Degree Misdemeanor punishable by a prison term six (6) months and/or 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) form the Clark-Shawnee Local School District.**

Received by Date	EMIS Signature Date	Building Notification
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of school administrator Date	