Southwest Licking Local School District Residency/Change of Address Form Date_____

To establish residency within the Southwest Licking Schools, a parent or guardian must provide the following:

1. Name & Grade of student(s) 1. _____ __ 3. _____ __
   2. _____ __ 4. _____ __
   Parent/Guardian name(s) _____
2. Former address: _____
3. Current address & **Phone #** _____
4. Verify current address by attaching a copy of any of the following documents:
   Copy of current lease agreement, including current address,
   Copy of deed or closing statement, including current address, or
   Copies of two current utility bills in the parent/guardian's name at the current address.

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5. **ONLY COMPLETE THIS SECTION IF YOU ARE UNABLE TO PRODUCE THE DOCUMENTS SPECIFIED IN # 4, because you are living with family or friends. You must provide the information requested below (in a, b, and c) at the time of registration each school year.**

   (a) Name of person with whom you are residing _____
   Relationship to the person with whom you are residing _____
   Are you residing with the above person(s) due to □ Loss of Housing □ Economic Hardship or □ A similar Reason?

(b) Residency Affidavit-to be completed by person listed in (a)

I certify by providing proof of residency as listed above in #4 that I am the owner or tenant of the dwelling located at the address listed above in #3. I further certify that the persons listed above in #1 actually reside at this dwelling and are not maintaining a separate residence, as that term is defined for public school admission, elsewhere. I certify that the above information is true and accurate and acknowledge that the Southwest Licking Local School District may use any legal means to verify my address. I realize that should any of the above statements be false, I may be liable for any penalties for which the law provides. I further acknowledge that this certification is valid only for the _____(current) school year.

_____ _____
Signature of Owner/Tenant Date

_____
Print Name of Owner/Tenant and Phone Number

Sworn to and subscribed before me

Notary Public _____

This _____day of_____, 20_____.

Commission Expires: _____

(C) Oath of Residency-to be completed by parent/guardian registering the student

I, the parent/guardian of the students listed in #1 hereby certify that I have established residency, on a full-time basis, in the Southwest Licking Local School District and am not maintaining a separate residence, as that term is defined for public school admission, elsewhere. I am aware that the Southwest Licking Local Schools may use any legal means necessary to verify that I am living at the address stated in #3 and acknowledge that if any of the above statements are false, I am liable for any penalties that the law may provide. Further, if any of this information is false or if I move out to the district, I agree to pay the tuition costs of $ _____(per day/per student) to cover the period during which any of the students listed in #1 illegally attended the Southwest Licking Local Schools.

_____ _____
Parent/Guardian Date

_____
Print Name of Parent/Guardian and Phone Number

Sworn to and subscribed before me

Notary Public _____

This _____day of _____,20_____.

Commission Expires: _____

Copies to: Student File, Curriculum Office, and Transportation