Affidavit -Friends & Family WASHINGTON LOCAL SCHOOL DISTRICT

*****THIS FORM IS NEEDED ONLY FOR FAMILIES LIVING WITH ANOTHER FAMILY***

OWNER OR RESPONSIBLE LEASEE OF HOME

The bills presented to Washington Local Schools must be in the name of the person signing this document. I, certify that I am the owner/leasing tenant of the home or apartment at:				
			Tolor	do OU .
Toledo, OH; certify all persons listed below actually reside with me and, to the best of my knowledge, do not maintain a residence elsewhere Residence" in ORC, 3313.64, is described as "a place where important family activity takes place during a significant part of each day; a place where the family eats, sleeps, works, relaxes, plays."				
I understand if residency information I am the law provides under the criminal code. I charges for the illegal attendance in school document.	understand that	these penalties may	include an oblig	ation to pay tuition
Valid for the current school year only, I unnew school year, as long as this living arran verify my residency. I hereby give permission rental offices, and my utility providers.	ngement continues	s. I give consent to the	ne school district to	o use any legal means to
In order to maintain the integrity of leasing between my leasor and me, and for my own move in with me. The family moving in with	n protection, I will	l inform my rental d	office that I inten	d to allow this family to
REQUIREMENT: You must provide a PARENT/GUARDIAN in the family er occupant in the home.				
Before me, a notary public, came		, wh	o, first being duly	y cautioned & sworn, did
sign the foregoing document as his/her free	and voluntary ac	t and deed this	day of	, 20
XSignature of: Owner/leasing agent	X			Affix Seal Here
Signature of: Owner/leasing agent		NOTA	RY PUBLIC	
I consider this my notification that the rate stating that I understand my legal responsi			s \$5574.64. By sig	ning this affidavit, I am
PARENT OF ENROLLING STUDEN	<u>T(S)</u>			
I, the parent/guardian of_ week basis at the above address in the Washingtonecessary, that I am living at this address.	on Local School Dist	, do hereby certify trict. I give my permi	I have established i ssion for the school	residency on a 7-day per to verify by any means
If this statement proves to be false, I understand I at district and fail to report the move and take no a of my child's illegal attendance in Washington L	action to withdraw tl	iminal code for any per his student, I agree to	nalties which the law pay the current tui	permits. If I move out of the ition costs to cover the days
TO THE PARENTS OF ATHLETES: I understand Schools athletic teams will be forced to forfeit game	•	•		etenses, Washington Local
Signature of Parent/Guardian		Date		