

Central Administrative Office

Anthony Wayne Local Schools Unmarried Parent Affidavit

I,	(parent's name, please print) do hereby
certify that as the custodial parent of the stude	ents listed below, that I was never married to the
student's biological parent.	
Student's Full Name:	Date of birth:
Student's Full Name:	Date of birth:
Student's Full Name:	Date of birth:
Student's Full Name:	Date of birth:
Parent/Guardian Signature:	Date:
Email:	Phone:
Complete and return this affidavit using one o	f the following:
Print and deliver person or by postal mail: Anthony Wayne Local Schools	Fax to: 419-877-9352
Central Administrative Office 9565 Bucher Road Whitehouse, OH 43571	Scan & email to: enrollment@anthonywayneschools.org

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 of six (6) months and/or a fine up to \$1,000. Inaccurate and/or false information will result in an immediate withdrawal of your child(ren) from Anthony Wayne Local Schools.

Anthony Wayne Local Schools

Central Administrative Office

Dr. Jim Fritz, Superintendent 9565 Bucher Road, Whitehouse, OH 43571 419-877-5377 | AnthonyWayneSchools.org



- Adaptability and Flexibility
- * Communication and Collaboration
- * Critical Thinking
- Empathy
- * Learner's Mindset