

SCHOOL YEAR \_\_\_\_\_



CC: Building - ORIGINAL IN STUDENT FILE  
Pupil Services  
Attendance Officer, BHS

**RESIDENCE AFFIDAVIT**

**This form is valid for the current school year only, and must be renewed each school year**

**Instructions for completing this form:**

1. This form must be completed by the parent/guardian and homeowner/renter and signed in the presence of a notary public.
2. If the parent/guardian and student are moving in with a homeowner, the homeowner must provide the school staff with 1 additional document (DP&L, Vectren, or Water bill) at the time of registration for proof of residency.

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that \_\_\_\_\_ along with the  
 (Print Homeowner/Renter Name) (Print Parent/Guardian name)

above named student reside with me at: \_\_\_\_\_. I will immediately  
 notify school officials if the family establishes their own residence, changes address, or changes living arrangements.

Previous address of parent/guardian: \_\_\_\_\_  
 (Street, City, State, Zip)

Last School District Attended: \_\_\_\_\_  
 (School, District, City, State, Zip)

**PURSUANT TO SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION OF A NOTARIZED STATEMENT MAY RESULT IN IMPRISONMENT FOR NOT MORE THAN SIX MONTHS, A FINE OF NOT MORE THAN \$1,000.00 OR BOTH.**

**ANY PARENT/GUARDIAN FOUND LIVING OUTSIDE THE BEAVERCREEK CITY SCHOOL DISTRICT AND RECEIVING TUITION FREE EDUCATION MAY BE CRIMINALLY CHARGED WITH PETTY THEFT UNDER THE OHIO REVISED CODE SECTION 2913.02, A MISDEMEANOR OF THE FIRST DEGREE. IF THE VALUE OF THE SERVICES STOLEN IS FIVE HUNDRED DOLLARS (\$500.00) OR MORE, THE THEFT OFFENSE BECOMES A FELONY.**

**Tuition charges may be assessed if false information is provided herein. Information provided is subject to periodic review and verification through documents of the District's choosing and attendance officer procedures; including but not limited to home visits.**

**NOTHING IN THIS FORM SHALL BE INTERPRETED TO CONFLICT WITH ANY RIGHTS PROVIDED UNDER THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT.**

**By signing below, I certify that the information contained in the document is true and accurate.**

Homeowner/Renter Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date