

# Southeast Local School District

9048 Dover Road, Apple Creek, OH 44606

330-698-3001 / Fax 330-698-5000

James J. Ritchie, Superintendent  
Mark Dickerhoof, Treasurer

## SWORN STATEMENT OF RESIDENCY/AFFIRMATION OF OWNER

### *Waynedale High School*

9050 Dover Road  
Apple Creek, OH 44606  
PH 330-698-3071  
FAX: 330-698-1432

### *John R. Lea Middle School*

9130 Dover Road  
Apple Creek, OH 44606  
PH 330-698-3151  
FAX: 330-698-1922

### *Apple Creek Elementary*

173 West Main Street  
Apple Creek, OH 44606  
PH 330-698-3111  
FAX: 330-698-2922

### *Fredericksburg Elementary*

160 West Clay Street  
P.O. Box 249  
Fredericksburg, OH 44627  
PH 330-695-2741  
FAX: 330-695-2116

### *Holmesville Elementary*

8141 East Jackson Street  
P.O. Box 8  
Holmesville, OH 44633  
PH 330-279-2341  
FAX: 330-279-2023

### *Mt. Eaton Elementary*

8746 Market Street  
P.O. Box 268  
Mt. Eaton, OH 44659  
PH 330-857-5313 / 359-5519  
FAX: 330-857-3703

I, \_\_\_\_\_, do hereby swear and affirm that

Parent / Guardian

\_\_\_\_\_ will reside with me at the home of

Student's Name(s)

Mr. and/or Mrs. \_\_\_\_\_ who live at the following address:

Adult Resident

### Parent's Responsibilities and Liability for Providing False Information

I fully understand that this sworn statement entitles temporary attendance in the Southeast Local School District. If I, or any member of my family, move from this home, I will notify the Board of Education of this fact. If these statements are not factual and if evidence is found later to show that these facts are not true, I understand that I will owe tuition of \$\_\_\_\_\_ **per month**, per student, retroactive to \_\_\_\_\_, per Southeast Board Policy and be subject to criminal charges under Section 2921.13 of the Ohio Revised Code for falsification of an official document.

I further certify that the adult resident I am living with (friend or family) is a resident of the Southeast Local School District in one of the following capacities (please check one and provide required information as indicated):

Owner of above residence: \_\_\_\_\_

Renter of above residence: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's City/State/Zip: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent's Signature

Date: \_\_\_\_\_

Sworn to and subscribed in my presence by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
My Commission Expires \_\_\_\_\_, 20\_\_

NOTARY

*Southeast Local Schools: A Community United in a Commitment to Learning*

*AFFIRMATION OF OWNER*

As the owner of the above property, I hereby swear and affirm under oath and penalty of perjury that the information provided above is accurate.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

<p>Sworn to and subscribed in my presence by _____ this _____ day of _____, 20__.</p> <p>_____ My Commission Expires _____, 20__</p> <p>NOTARY</p>
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