

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

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

SWORN STATEMENT OF RESIDENCY/AFFIRMATION OF OWNER

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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