

PARENT RESIDENCY AFFIDAVIT

Cincinnati Public Schools
2551 Burnet Avenue
Cincinnati, Ohio 45219

Affidavit

State of Ohio
Hamilton County

(One proof of residency document to be provided within 30 days of enrollment.)

I, _____, am the parent or legal custodian of:
(Parent/Guardian's Name)

1. _____ (Child's Name) _____ (Date of Birth)
2. _____
3. _____

The above-named children and I live at the following address:

(Street Address)

(City)

(State)

(Zip Code)

This has been our place of residence since _____
(Date)

By signing below, I swear or affirm that the information on this form is true and correct. I understand that I may be prosecuted for perjury for providing false information on this form. I agree that the Cincinnati Public Schools, if they deem necessary may investigate my residency. I agree to allow the release of rental information and utility customer information to a representative of the Cincinnati Public Schools.

Parent/Guardian Signature: _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____

Notary Public Name / Commission Expiration

Notary Public Signature

This affidavit terminates on the occurrence of whichever of the following events occurs first: (1) one year elapses following the date the affidavit is notarized; (2) the student(s) cease to live with the person who signs the Property Owner Affidavit; (3) the parent, guardian or custodian of the child acts to negate, reverse or otherwise disapprove an action or decision of the person who signed this affidavit; or (4) the affidavit is terminated by court order; (5) the death of the child(ren) who is/are the subject of the affidavit; or (6) the death of the person who executed the affidavit.

PROPERTY OWNER AFFIDAVIT

Cincinnati Public Schools
2851 Burnet Avenue
Cincinnati, Ohio 45219

Affidavit

State of Ohio
Hamilton County

(Two proof of residency documents to be provided at the time of enrollment.)

I, _____, solemnly swear or affirm that I am the owner or renter of a residence in the Cincinnati Public School District at:

(Street Address)

(City)

(Ohio)

(Zip Code)

The following individual(s) live with me at this residence:

- | | | |
|----|--------|-----------------|
| 1. | _____ | _____ |
| | (Name) | (Date of Birth) |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

These individuals have lived at this residence since: _____
(Date)

By signing below, I swear or affirm that the information on this form is true and correct. I understand that I may be prosecuted for perjury for providing false information on this form. I agree that the Cincinnati Public Schools, if they deem necessary, may investigate my residency. I agree to allow the release of rental information and also utility customer information to a representative of the Cincinnati Public Schools.

Signature: _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____

Notary Public Name / Commission Expiration

Notary Public Signature