



RESIDENCY AND CUSTODY AFFIDAVIT

For the purpose of establishing school residence and custody (To be completed by parent or legal guardian)

SIGN ONLY AFTER CAREFULLY READING AND SIGNING IN THE PRESENCE OF A NOTARY.

THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:

I, _____, certify that I am the custodial parent/legal guardian of _____
(Parent's or Legal Guardian's Full Name) (Student's Name)

and that I have established residency at _____
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

Date of Occupancy: _____ Lease End Date (if applicable): _____

I, _____, certify that I am a resident of the above residence located within **South Euclid Lyndhurst Schools**. The registrar has explained to me that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the **South Euclid Lyndhurst** address and also, that the residence where meals are taken, and where the resident parent sleeps must be the **South Euclid Lyndhurst** residence. (Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification)

List the names of **ALL** people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.) Attach a separate piece of paper, if needed.

_____	_____	_____	_____	_____	_____
Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)
_____	_____	_____	_____	_____	_____
Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)
_____	_____	_____	_____	_____	_____
Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)

Please read each statement and then place your initials to the left of the statement.

_____ I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the **South Euclid Lyndhurst School District**.

_____ I/we understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the **South Euclid Lyndhurst School District**, I will **immediately** file another residency and custody affidavit with the Board of Education of the **South Euclid Lyndhurst School District**. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the **South Euclid Lyndhurst School District**, I will withdraw my child(ren) from the district and will enroll my child(ren) in the new district of residence.

_____ I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

_____ I/we have provided the **South Euclid Lyndhurst School District** with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672.

_____ I/we acknowledge the student who is being registered **has not been expelled** or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

_____ I/we understand that if the student attends school while not being eligible to do so tuition free, **the student and all responsible parties may be liable for tuition** at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08, and related costs, and **the student will immediately be withdrawn from the South Euclid Lyndhurst School District**.

_____ I/we understand that the **South Euclid Lyndhurst School District** may use whatever legal means it has at its disposal to verify my **residency**. I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the **South Euclid Lyndhurst School District**, the City tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

NOTE: Be sure you have read this statement carefully before you sign. **Giving false information under oath is punishable as a criminal offense** under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, **each violation may be thoroughly and vigorously prosecuted.**

Signature(s)

Parent/Legal Guardian/Custodian: _____

Student 18 years of age or older: _____

County of Cuyahoga) SS:
State of Ohio)

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence,

This _____ day of _____, 20____
Notary Public



OPEN ENROLLMENT FORM



Student Name	Last Name	First Name	Middle Name	Entry Grade
Home Phone Number		Birth Date	Month / Day / Year	
Student Home Address	Number	Street	City	Zip Code Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. #
Parent/Guardian	Name		Cell Phone Number	
Previous school attended	Name of School		School District	City State

Kindergarten include preschool if attended
 Include homeschooling

Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	Race <small>(choose one or more)</small> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> Dual National <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other please name: _____
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Birthplace City State Country	Native / Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other please name: _____
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Student Lives With (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Self
Legal Custody (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent Court Journal Entry: (___ / ___ / ___) County: _____ District Bearing Cost(for Foster Children only): _____	<input type="checkbox"/> Guardian <input type="checkbox"/> CCDCFS <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court Restrictions: _____

Is the child in gifted or Advanced Placement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe services:
Does the child have a 504 plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe services:
Has the child ever had an IEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list year of most recent evaluation:
If yes, do you have a copy of the IEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, indicate program:
Is the child suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from what district?
Is the child expelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from what district? End Date:

FOR OFFICE USE ONLY

New Open Enrollment at _____ School

Re-Entry at _____ School

CHECKLIST

- Residency Birth Record
 Custody Registration Forms Initial _____

SIS NUMBER _____
ENTRY DATE _____
CODE _____

PARENT(S) / GUARDIAN INFORMATION

STUDENT NAME:

Mother	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name		First Name		
Address		Number	Street	City	Zip Code	
Workplace			Email			
Home Phone		Work Phone		Cellular Phone		

Father	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name		First Name		
Address		Number	Street	City	Zip Code	
Workplace			Email			
Home Phone		Work Phone		Cellular Phone		

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other:		
Last Name		First Name			
Address		Number	Street	City	Zip Code
Workplace			Email		
Home Phone		Work Phone		Cellular Phone	
Social Worker (If Applicable):					

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other:		
Last Name		First Name			
Address		Number	Street	City	Zip Code
Workplace			Email		
Home Phone		Work Phone		Cellular Phone	
Social Worker (If Applicable):					

EMERGENCY CONTACT INFORMATION

Name	Relationship	Name	Relationship
Telephone		Telephone	
Address		Address	
Email		Email	

PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS

Name	Grade	Date of Birth	Gender	Relationship To Student

I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge.

Date: _____ **Parent/Legal Guardian/Independent Student :** _____

Date:	Information Verified By:	Signature
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