



Groveport Madison Schools
Residency Affidavit - Valid for 1 School Year
(Part 1- To Be Completed by the Parent/Guardian)

I, _____, certify that I have established residency (seven days per week) in Groveport Madison
(Parent/Guardian Name)

Local School District. I do NOT maintain any other residences. I understand that Groveport Madison Local Schools may use any legal means necessary to verify I am living at the address listed below. I also allow the release of rental and utility information to Groveport Madison Local Schools.

Please initial each area below to acknowledge understanding and agreement with each statement.

_____ I understand that the Groveport Madison Local School Board requires additional documentation to establish residency, including current mail sent to the address below. The mail must be of an official nature, such as a driver's license, pay stub, or vehicle registration.

_____ I understand that if the above information is not true and correct, this constitutes criminal falsification. This is a violation of the Ohio Revised Code section 2913.02, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months.

_____ I understand that by signing this form, if the information provided is false, I agree to pay the tuition at the daily rate per student included in this Residential Affidavit. The daily rate (**\$32.20**) will include each day the student was enrolled in Groveport Madison Local Schools as a non-resident. I understand that my child(ren) will be immediately withdrawn from school, should the information provided be false.

_____ I understand that Groveport Madison Local Schools has the right to investigate my residency status, including but not limited to conducting unscheduled home visits.

_____ I understand that Groveport Madison Local Schools athletic teams will be forced to forfeit games when ineligible players who enroll under false pretenses are participating on the team.

Parent/Guardian Name: _____

Student Names: _____

Signature (Parent/Guardian)

Date

Parent/Guardian Previous Address

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

Signature Notary Public

Notary Seal



Groveport Madison Schools
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(Part 2-To Be Completed by the Owner/Leaseholder)

I, _____, certify that I am the owner/leaseholder of the residence at _____, located in the Groveport Madison Local School District. I certify that the family moved in on the _____ day of _____, 20_____.

Owner/Leaseholder of the residence: _____
Mortgage: Yes No Lease: Yes No
Address: _____
Phone number: _____

If Lease, identify the leasing company and agent below (will be verified):
Leasing Company: _____
Leasing Agent: _____
Phone Number: _____ Email address: _____

Please initial each area below to acknowledge understanding and agreement with each statement.

_____ I acknowledge that the following individuals are living at the above-stated residence. _____

_____ I understand that the Groveport Madison Local School District Board of Education requires documentation to establish residency. The required documentation includes a current mortgage statement, current signed lease (with new residents added), and a utility bill in the owner/leaseholder's name.

_____ I understand that if the above information is not true and correct, this constitutes criminal falsification. This is a violation of the Ohio Revised Code section 2913.02, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months.

_____ I understand that by signing this form, if the information provided is false, I agree to pay the tuition at the daily rate per student included in this Residential Affidavit. The daily rate (\$32.20) will include each day the student was enrolled in Groveport Madison Local Schools as a non-resident.

_____ I understand that if the family moves from the above stated address, I will immediately notify the District Enrollment Office.

Signature (Owner/Leaseholder) Date

Printed Name (Owner/Leaseholder) Cell Phone Number

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

Signature Notary Public Notary Seal