



Cloverleaf Local Schools
Residence Affidavit Form

This document is valid for the 20 ____/20 ____ school year only

PART #1 - To be completed by tenant (parent/guardian registering child(ren))

I, _____, certify that I am the tenant of the dwelling/apartment located at:
Name of Person Enrolling Child(ren) (please print)

Street, City, Zip

List all residing at this address

ADULTS (DOB not required)	CHILDREN	BIRTHDATE (child)

I, further certify that this information is true and accurate. Should any of this information be false, I agree to pay monthly tuition cost amount to be determined for the current school year for each student listed below while illegally attending the Cloverleaf Local School District and understand that immediate withdrawal will occur. I am aware that the Cloverleaf Local School District may use legal means to verify my resident.

Signature of person enrolling child(ren)

Relationship to Child(ren)

PART #2 - To be completed by homeowner/property owner.

I certify that the persons listed above actually reside at this property, and to the best of my knowledge are not maintaining a separate residence elsewhere. I realize that should any of the statements I made on this document be false, I am liable for any penalties, which the law provides under the criminal code.

Required proof of Residency to include with this form:

- Current utility bill; (gas, water, cable TV, trash, sewer) with your name and address indicated on the document (telephone and cellular phone bills are NOT accepted).
- Lease Agreement/Rental Contract with your name and address indicated on the document, and a current rent receipt. Landlord's name, address, telephone number and landlord's signature must appear on these documents.

Signature of District Resident (home owner)
(this signature must be notarized)

Print Name

Home Phone Number

Cell Phone Number

Work Phone Number

Acknowledged by _____ before me on the _____ day of _____, 20 _____

Affix seal here

Signature

Print Name

Notary public, State of Ohio, County of _____

My commission expires _____