JACKSON LOCAL SCHOOL DISTRICT RESIDENCY AFFIDAVIT – Home Owner

Ι,	having been duly advised and sworn, hereby state(s) that					
	Home C	owner Name	lives with me. I hereby	v state the following:		
	Parent/Stu	dent(s) Names	11VC3 WILLT ITIO. 1 TIO. 05	, class the renember		
1.	My current addre	ss is				
2.	My email address	s is				
3.	I may be reached	l at: Cell:	Home:	Work:		
4.	I own the property at the address above. Please include a utility bill, gas or electric, in the name of person completing this form as proof of residency.					No
5.	I rent the property at the address above. Please complete the following and attach a Yes No signed statement from the Landlord, including address and length of lease.					
	Landlord's Name		Home Phone Number	Cell I	Cell Phone Number	
	Landlord's	s Address	City		Zip	
6.	The parent and student sleep the maj		jority of time at this address.	Yes	No	
7.	The parent and s	tudent receive mail	at this address.	Yes	No	
8.	. The parent and student eat the majority of meals at the address.			Yes	No	
9.	To the best of my Jackson Local So	y knowledge, the ter chool District under	nant named above is not attem false pretenses.	pting to establish res	sidence in	
Sector and/collection	tion 2921.13(A)(6) for a fine up to \$10 ect all back tuition v	which is a First Deg 100.00 Further the a which may be due.	falsifying this document is a vi pree Misdemeanor punishable to affiant will be billed (and prosect bult in immediate withdrawal of	by a prison term of souted in court, if nece	ix (6) mont essary) to	ins
Signature:				Date		
o.g.			d and dated in front of a Notary P			
	TE OF OHIO JNTY OF STARK)) SS				
		Sworn to before me	and signed in my presence this	day of	20	
(Seal)	My Commission exp	ires			
		Date	NOTARY PUBLIC			

Revised: 11/16/17 cmd