

West Geauga Local Schools

8615 Cedar Road

Chesterland, OH 44026

Phone: (440) 729-5900 Fax: (440) 729-5939

PROPERTY OWNER AFFIDAVIT

MUST BE COMPLETED BY THE OWNER OF THE PROPERTY AND NOTARIZED.

This form should be used if the parent/legal guardian enrolling child(ren) is either renting or living with a family member or friend.

(Property Owners Name)

I certify that I am the owner of the home/apartment located at:

Address _____ City _____, Ohio Zip _____

I further certify that the below listed tenants have established permanent residence in the aforementioned home/apartment and to the best of my knowledge are not maintaining a separate residence elsewhere. (If additional space is needed please continue on back.)

Adult and Relationship Date of Occupancy

Child and Relationship Date of Occupancy

Adult and Relationship Date of Occupancy

Child and Relationship Date of Occupancy

Adult and Relationship Date of Occupancy

Child and Relationship Date of Occupancy

Please read each statement and then place your initials to the left of the statement to indicate agreement:

_____ *I understand that it will be my responsibility to notify the West Geauga Local School District – Department of Pupil Services (440 729-6806) when the above-named family no longer resides in my home/residence.*

_____ *I understand that should any of the above statements be false, I am liable for any penalties including, but not limited to, the collection of any money owed for tuition purposes for which the law provides under the pertinent criminal code, plus interest, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.*

_____ *I am aware that any effort to circumvent the residency requirements of this school district mandated by Ohio law may result in prosecution for the theft of services, a violation of the O.R.C. 2913.02.*

_____ *I agree to, and stipulate, that the West Geauga Local School District may use whatever legal means it has at its disposal to verify my residency, including having an attendance officer visit my home to ensure the family named above resides at this address.*

Signatures:		Sworn to and subscribed in my presence
_____	_____	_____
Signature of Property Owner	Date	This ____ day of _____, 20__.
_____	_____	_____
Printed Name of Owner	Phone Number of Owner/Tenant	Notary Public