# **BIG WALNUT**

## DIS

#### **Affidavit for Families Residing** With Friends or Relatives 2016-2017 School Year

NOTE: This form is good for the current school year only. You must complete a new form for each school year that you continue to live in the Big Walnut Local School District with friends or relatives.

<ul> <li>Part I to be completed by parent or guardian.</li> <li>Part II to be completed by owner of residence.</li> <li>Completed form must be returned to Superintendent's office.</li> </ul>				
Part I (to be completed by parent or guardian) STATE OF OHIO COUNTY OF DELAWARE				
I,, hereby of the Big Walnut Local School District and am not maint Local Schools may use any legal means necessary inclutat I am living at the address listed below.  I further certify that this residence is located at:	aining a separate residenc			
Street Address	City	Zip		
Principal Owner of Residence	Your Relationship to Owner			
I realize that should any of the above statements be false provides. Should any of this information be false I agree per student for the student(s) listed below (\$23.29 per collegally attended Big Walnut Local Schools, and I und move out of the Big Walnut Local School District, I wimy student(s).  Student Name(s)	e to pay the State mandate lay for kindergarten studer lerstand that they will be Il immediately notify the	e tuition cost of approximately \$46.57 per day nts) to cover the period during which they e immediately withdrawn from school. If I		
FOR PARENTS OF ATHLETES I realize that Big Walnut Local Schools athletic teams of the enrolled under false pretenses are participating on the teams of the enrolled that the enrolled under false pretenses are participating on the teams.	eam.			
Printed Name of Parent(s)	Signature of Parer	Signature of Parent(s)		
Home Phone Cell Phone	e	Work Phone		
Sworn to before me and signed in my presence this	day of	, 20		

Notary Public

### Part II (to be completed by owner)

# STATE OF OHIO COUNTY OF DELAWARE, SS:

I,	, hereby	, hereby certify that I am the owner of the house/condo located at:		
Street Address		City	Zip	
I, and to the best of my knowledge be false, I may be liable for any p	are not maintaining a sepa	rate residence elsew	owing persons actually reside at this property, here. I realize that should any of my statements nal Code.	
Parent/Guardian and Child(ren)'s	Names:			
	sits. I agree to allow the re		erify my residency including, but not limited to ormation, and also utility customer information	
The signer of this Part II must ow	n the property located at t	he above address or	have a fully executed lease.	
Printed Name of Owner		Signature of Owner		
Home Phone	Cell Phone		Work Phone	
Sworn to before me and signed in my presence this	my presence this	, day of	, 20	
		Notary Public		