



Residency Affidavit II
(Refer to the attached instructions)

I, _____, being duly cautioned, certify the following:

1) I am the parent, guardian or legal custodian of the following students:

NAME OF STUDENT	BUILDING	GRADE
NAME OF STUDENT	BUILDING	GRADE
NAME OF STUDENT	BUILDING	GRADE
NAME OF STUDENT	BUILDING	GRADE
NAME OF STUDENT	BUILDING	GRADE

2) I live at:

STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	RELATIONSHIP TO OWNER/RESIDENT		

This has been my place of residence since: _____

I acknowledge and understand that falsification of the above information regarding legal residency and subsequent enrollment in the Milford Exempted Village School District is a theft of service. If it is determined that the above information is falsified I become responsible for tuition to the Milford Exempted Village School District and subject to criminal or civil charges which may be filed by the Milford Exempted Village School District. (ORC Section 2921.13)

I agree that the Milford Exempted Village School District, if they deem necessary, has the right to investigate my residency. I agree to allow the release of rental information to a representative of the Milford Exempted Village School District. If it is determined that I am not a resident of the Milford Exempted Village School District, I understand that my child(ren) will be withdrawn from the Milford Exempted Village School District.

_____ I have read and understand the consequences of falsifying residency information.
(Initials)

Please circle TRUE or FALSE for each of the statements listed below:

- TRUE FALSE The above address is where I eat and sleep overnight the majority of the time.
- TRUE FALSE The above address is where my child(ren) eats and sleeps the majority of the time.
- TRUE FALSE There is no other address where my child(ren) sleeps overnight on a regular basis.
- TRUE FALSE I do not own a house outside the Milford Exempted Village School District.
- TRUE FALSE I do not rent/lease a house or apartment outside the Milford Exempted Village School District.
- TRUE FALSE I am not provided with living space outside the Milford Exempted Village School District by a friend, relative or government agency.

***** MUST BE SIGNED IN THE PRESENCE OF A MILFORD EVSD NOTARY *****
***** THIS AFFIDAVIT IS VALID FROM THIS DATE UNTIL THE FOLLOWING AUGUST 1 *****

PARENT SIGNATURE: _____

DATE: _____

NOTARIZED THIS _____ DAY OF _____, 20 _____

SEAL

NOTARY SIGNATURE: _____

MY COMMISSION EXPIRATION DATE: _____

SIGNATURE OF BUILDING ADMINISTRATOR DATE

SIGNATURE OF SUPERINTENDENT DATE

Instructions for completion:

The Milford Exempted Village School District Residency Affidavit II form must be completed if the custodial parent/guardian is living with a Milford resident and does not have a lease or mortgage in their name.

This form must be completed by the custodial parent/guardian who is enrolling the student. The residence affidavit must be signed and notarized in the presence of a Milford staff notary.

Please contact the Central Registration Office at 513-576-4178 to obtain specific information regarding what documents are necessary to provide proof of residency in addition to completing the attached forms.

Adopted: June 7, 2017

Milford Exempted Village School District