



BLANCHESTER LOCAL SCHOOL DISTRICT

951 CHERRY STREET · BLANCHESTER, OHIO 45107

PHONE: 937.783.3523 · FAX: 937.783.2990

www.blanschools.org

Affidavit II – To be completed if residing with someone else

I, _____, being duly cautioned do solemnly swear or affirm the following:

- 1) I am the owner or renter of the residence at

_____ Street _____ City _____ State _____ Zip

Located in the Blanchester School District.

- 2) The following individual(s):

Parent/Guardian(s)

Student(s)

Is/are living at my above stated residence and have since the _____ day of _____, 20_____

- 3) I acknowledge and understand that if the above information is not true and correct, that knowingly, swearing or affirming the truth therefore constitutes criminal falsification, a violation of Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or maximum term of imprisonment of six (6) months. Further, if the student is found not to be a legal resident, the district will seek remuneration for each day the student illegally attended the school in the district.

I agree that the Blanchester Local School District, if they deem necessary have the right to investigate my residency. I agree to allow the release of rental information and also utility customer information to a representative of the Blanchester Local School District.

Signature: _____

Date: ____ / ____ / ____

Property Owner, Apartment or Trailer Park Manager’s Signature and Telephone Number

Signature: _____

Phone Number: _____