



**BLANCHESTER LOCAL SCHOOL DISTRICT**  
 957 CHERRY STREET  
 BLANCHESTER, OHIO 45107  
 PHONE: 937.783.3523 FAX: 937.783.2990  
 www.blanschools.org

**Affidavit I – To be completed if you DO NOT own/rent your own place**

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

1) I am the parent, guardian, or legal custodian of \_\_\_\_\_ and live at:

\_\_\_\_\_  
 Street City State Zip

2) This has been my place of residence since \_\_\_\_\_

My immediate address prior to this date was:

\_\_\_\_\_  
 Street City State Zip

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, has the right to investigate my residency. I agree to allow the release of rental information and utility customer information to a representative of the Blanchester Local School District.

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**\*\*\*NOTE:** Sign only in the presence of a Notary Public

\_\_\_\_\_  
 Signature of Parent/Guardian/Legal Custodian Date Relationship to Student(s)

County of: \_\_\_\_\_  
 State of Ohio

SWORN TO AND SUBSCRIBED in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public Date my commission expires

(seal)