



## AFFIDAVIT – SWORN STATEMENT OF RESIDENCY

*O.R.C. 3313.64 (For use only if living with another Stow or Munroe-Falls Family)*

STOW-MUNROE FALLS CENTRAL OFFICE, 4350 ALLEN RD, STOW, OH 44224

PHONE 330-689-5445 FAX 330-689-5448

For the consideration that \_\_\_\_\_ may attend the Stow-Munroe Falls City School  
Student's Name

District, I \_\_\_\_\_, do hereby swear and affirm that  
Stow or Munroe Falls Resident **(Please Print)**

\_\_\_\_\_, will reside with me at my home \_\_\_\_\_  
Student's Name Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and that Mr. and/or Mrs.  
City Zip Code County

\_\_\_\_\_, telephone \_\_\_\_\_ will also reside at the above address.  
Parent's Name(s)

I fully understand that this sworn statement entitles temporary attendance in the Stow-Munroe Falls City School District. If the family or any member thereof moves from my home, I will immediately notify the Treasurer of the Board of Education of the Stow-Munroe Falls City School District, 4350 Allen Road, Stow, OH 44224, (330) 689-5445. **If these statements are not factual and if evidence is found later to show that these facts are not true, I understand that I will owe tuition of \_\_\_\_\_ per month, per student, retroactive to \_\_\_\_\_, per Board of Education Policy and Procedure.**

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Stow or Munroe Falls Resident

County of \_\_\_\_\_ )  
State of Ohio \_\_\_\_\_ )

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

Seal

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_