BRYAN CITY SCHOOLS

AFFIDAVIT FOR FAMILIES RESIDING WITH FRIENDS OR RELATIVES

Note: You must complete a new form for each school year that you continue to live in the Bryan City School District with friends or relatives.

- Part I to be completes by parent or guardian
- Part II to be completed by owner of residence
- Completed form must be returned to Central Registration's office.

Part I (to be completed by parent or guardian) STATE OF OHIO COUNTY OF WILLIAMS			
I,, herekt seven-days-a-week basis in the Bryan City Stresidence elsewhere. I am aware that Bryan including, but not limited to, conducting unschedulisted below.	City School may use any I	maintaining a separate legal means necessary,	
I further certify that this residence is located at:			
Street Address	City	Zip	
Principal Owner of Residence	Your Re	elationship to Owner	
I realize that should any of the above statements penalties that the law provides. Should any of \$30.71 per day for in state, and a cost of \$45.69 to cover the period during which they illegally a they will be immediately withdrawn from sch will immediately notify the Central Registration's contract that they will immediately notify the Central Registration's contract that they will immediately notify the Central Registration's contract that they will immediately notify the Central Registration's contract that they will be supported by the contract they will be supported by the contract that they will be supported by the contract	this information be false I agr per day for out of state for th attended Bryan City Schools, lool. If I move out of the Brya	ree to pay tuition cost of e student(s) listed below and I understand that an City School District, I	
Student Name(s)	School of A	School of Attendance	
FOR PARENTS OF ATHLETES I realize that Bryan City School athletic teams who have enrolled under false pretences are part Please attach to this form a current electric, ghomeowner.	ticipating on the team.		
Printed Name of Parent(s)	Signature o	Signature of Parent(s)	
Home Phone Cell Phone	Work	Work Phone	
Sworn to before me and signed in my presence the	his day of	, 20	
	Notary Publ	lic	

Part II (to be completed by owner)

STATE OF OHIO COUNTY OF WILLIAMS

l,	, hereby ce	rtify that I am the own	ner of the house/condo
located at:	,	•	
Street Address		City	Zip
	st of my knowledge are not i my statements be false, I	maintaining a separate	
Parent/Guardian and Child(ren)'s Names:		
but not limited to, conducting	City School District may use g unscheduled home visit. Ition, to a representative of the	agree the release of h	nousing information, and
The signer of this Part II mulease.	ust own the property located	at the above address	or have a fully executed
Printed Name of Owner		Signature of Owner	
II.	O. II DI		Div
Home Phone	Cell Phone	Work	Phone
Sworn to before me and sig	ned in my presence this	day of	, 20
		Notary Publ	ic