

AVON BOARD OF EDUCATION

36600 Detroit Road Avon, Ohio 44011 Fax: (440) 937-4688

SWORN STATEMENT OF OCCUPANCY AT AVON RESIDENCE

TO BE	COMPLET	D IF LIVI	NG WITH AN AVON RESI	DENT
1	do hereby	swear and aff	im that	
(Avon Resident's Full Name)	taris		(Student's Full Na	
is residing with me at my home and the		Parent(s) or Legal Guardian(s) of student)		
Icertify that in the Avon Local School District; that parent/guardian reside at the following	t I do not mainta	in a separate ;	e) Owner Resident at the a primary residence elsewhere; and the t	
Address:			ode: Date	of Occupancy:
Verification of the a	bove address n	nust be provide	ed to school officials to validate resi	dency.
			stration, or this form needs to be	A THE STREET, CARDING THE STREET, STORE STORE STORE STREET
registering family. F	Proof is limited to	o items listed t		n resident and one (1) from the
Your name must ap First item for proof of Avon resider		and the second second	NOT THE REPORT OF THE REPORT O	
Pental Agreement signed Genstruction contract sign Homeowner mortgage sta Homeowner's deed If constructing a home and moving i day of school, Superintendent approv Second item for proof of Avon resi 1 One (1) recent utility bill (the following: electric; wai 2 Most recent bark statemed 3 Homeowners insurance s	ned by all conce atement or coup nto the district <u>s</u> ral is required. F dency must be (choose only on ter; gas; cable) ent with address	emed parties" oon <u>after</u> the first de Please call the o from the six e of	Superintendent's office at 440-937-	start in our district on the first 4660. n address ity service (Can be
Family of enrolling student Proof o 1 Official mail with name an location of REGISTERING	nd address of at	it be one item	from the two acceptable items is 2 Driver's license or othe document with the abo	er government-issued
State of Ohio. County of		S8.		
Before me, a Notary Public for the St acknowledged and signed the forego				, who
Sworn to me and subscribed in my p	resence this	day of _	, 20	
	Signature_			
	Printed	No	tary Public, State of Ohio	
My commission expires	_			
Signature of Avon Resident:			Date:	
Signature of Avon Resident:			Date:	8
BEN HODGE				SADIE FOX
Superintendent (440) 937-4680		www.avonl	ocalschools.org	Treasurer (440) 695-0601 (440) 937-4684