

Springfield Local School District
2410 Massillon Road
Akron, Oh 44312

SWORN STATEMENT OF RESIDENCY
O.R.C. 3313.64

I, _____, do hereby swear and affirm that
(Adult Resident)
_____ and his/her custodial parents, will reside with me at my
(Student Name)
home, _____,
(Street Address) (City)

_____, I fully understand that this sworn statement entitles temporary attendance
(Zip)
in the Springfield Local School District. If the above named student and his/her custodial
parents move from my home, I will immediately notify the Treasurer of the Board of Education
at 330-798-1111. 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 \$593.60 , per month, per
student, retroactive to the time the student and custodial parents ceased residing in my home.

(Witness) (Name of Adult Resident)

(Date) (Signature of Adult Resident)

Sworn to and subscribed in my presence by _____
this _____ day of _____, 20____. My commission expires on
_____, 20_____.

(SEAL)

Notary Public