



# BROOKLYN CITY SCHOOL DISTRICT



## PARENT/GUARDIAN RESIDENCY AND CUSTODY STATEMENT

I, \_\_\_\_\_, certify that I am the custodial parent/legal guardian of \_\_\_\_\_  
(Parent's or Legal Guardian's Full Name) (Student's Name)

and that I have established residency at \_\_\_\_\_  
(Address)

Date of Occupancy: \_\_\_\_\_ Lease End Date (if applicable): \_\_\_\_\_

I, certify that I am a resident of the above residence located within the Brooklyn City School District. The registrar has explained to me that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the Brooklyn City School District address and also, that the residence where meals are taken, and where the resident parent sleeps must be the Brooklyn residence.

List the names of **ALL** people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.) Add additional names on the back of this form if needed.

_____	_____	_____	_____	_____	_____
Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)

_____	_____	_____	_____	_____	_____
Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)

**Please read each statement and then place your initials to the left of the statement.**

\_\_\_\_\_ I certify **that the information provided in this document and registration packet is true** and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the Brooklyn City School District.

\_\_\_\_\_ I understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the Brooklyn City School District, I will **immediately** file another residency and custody affidavit with the Board of Education of the Brooklyn City School District. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Brooklyn City School District, I will withdraw my child(ren) from the district and will enroll my child(ren) in the new district of residence.

\_\_\_\_\_ I am responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

\_\_\_\_\_ If applicable, I have provided the Brooklyn City School District with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672.

\_\_\_\_\_ I acknowledge the student who is being registered **has not been expelled** or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

\_\_\_\_\_ I understand that if the student attends school while not being eligible to do so tuition free, **the student and all responsible parties will be liable for tuition** at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08 plus interest at a rate of 1.5% per month, administrative costs, court costs, and any attorney fees incurred in the collection of those sums and the **student will immediately be withdrawn from** the Brooklyn City School District.

\_\_\_\_\_ I understand that the Brooklyn City School District **may use whatever legal means it has at its disposal to verify my residency.** I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the Brooklyn City School District, the City Tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

**Signature of Parent/Legal Guardian/Custodian:** \_\_\_\_\_

---

Last Name	First Name	School (If Applicable)
-----------	------------	------------------------

---

Last Name	First Name	School (If Applicable)
-----------	------------	------------------------

---

Last Name	First Name	School (If Applicable)
-----------	------------	------------------------

---

Last Name	First Name	School (If Applicable)
-----------	------------	------------------------

---

Last Name	First Name	School (If Applicable)
-----------	------------	------------------------

---

Last Name	First Name	School (If Applicable)
-----------	------------	------------------------

---

Last Name	First Name	School (If Applicable)
-----------	------------	------------------------

---

Last Name	First Name	School (If Applicable)
-----------	------------	------------------------