



Stow-Munroe Falls City Schools

4350 Allen Road
Stow OH 44224
330.689.5445
330.688.1629 fax
www.smfschools.org

**AFFIDAVIT
SWORN STATEMENT OF RESIDENCY**

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

For the consideration that _____ may attend the Stow-Munroe Falls City School
District, I _____
Student's Name

_____, 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: _____