



FAIRFIELD CITY SCHOOLS

CHANGE OF ADDRESS/CUSTODY

Office Use Only:

Student ID:

Date ____/____/____

Current Building _____ New Building _____

Change of Address Change of Custody

Session Change Requested Intake _____

Transportation Form Attached Entry _____

Student Information

Please print. Provide legal names.

Last Name _____ First Name _____ Middle _____

Grade Level _____ Primary Phone Number _____ (check one): Cell Home

Home Address _____ Apartment/Lot/Unit Number _____

City _____ State _____ Zip Code _____

Status of Birth/Adoptive Parents

Married/Both in Home Married/Separated Never Married* Divorced*

**If divorced or never-married father, we require current legal documentation related to the children.*

Mother Deceased Father Deceased

Contact Information

Student Resides with (Legal Guardian): *(check all that apply)*

Mother Father Foster Parent* Guardian* Grandparent/Power of Attorney*

**If student is placed with a legal guardian/foster parent or residing with a grandparent, legal documents that identify placement must be provided.*

Other* _____

Contact Information for:

Mother Father Guardian Caseworker

Grandparent Stepparent Foster Parent

Last Name _____

First Name _____

Home Phone _____

Cell Phone _____

Address same as student

Address _____

City _____ State _____

Zip Code _____

Contact Information for:

Mother Father Guardian Caseworker

Grandparent Stepparent Foster Parent

Last Name _____

First Name _____

Home Phone _____

Cell Phone _____

Address same as student

Address _____

City _____ State _____

Zip Code _____

I, the undersigned, do hereby state and declare under penalty of falsification that I am the parent or legal guardian of the above-named student and that this registration information is true and correct. I understand that any inaccurate information provided may result in a change of grade level, a change of class, or an immediate transfer or withdrawal from this school.*

**Falsification under Ohio Revised Code 2921.13 is a misdemeanor of the first degree punishable by a maximum of (6) months imprisonment and/or a fine of \$1,000.*

Signature _____ Date ____/____/____ (month/date/year)

Statement of Residency

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian

Parent/Guardian Name _____

I affirm that I am the homeowner/leaseholder of the residence listed above, where the above-named student resides:

Yes

No -- Please answer the following questions.

***Homeowner/Leaseholder must complete the box below.**

Is student's current address a temporary living arrangement? Yes No

If yes, is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If yes, where is the student living now?

Motel or Hotel

Homeless Shelter

Doubled up with family or friend

Unaccompanied Youth

Signature _____ Date ____/____/____ (month/date/year)

(Must be signed in the presence of a Fairfield City School District Official)

Please list all persons living in home:

Name	Sex	Age	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name	Sex	Age	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Homeowner/Leaseholder (if other than Parent/Guardian)**

Homeowner/Leaseholder Name _____

I affirm that the Parent/Guardian and Student live with me at the residence listed above.

Phone _____

Date Parent/Guardian and student moved to your residence ____/____/____ (month/date/year)

Expected Length of Stay _____ Reason for Co-Residency _____

Signature _____ Date ____/____/____ (month/date/year)

(Must be signed in the presence of a Fairfield City School District Official)

I affirm that all information given above is true and correct. I agree that the Fairfield City School District, if they deem necessary, has the right to investigate my residency. I agree to allow the release of rental information to a representative of Fairfield City School District.

I further understand and agree that the above-named student may be withdrawn immediately from the Fairfield City School District if it is later determined that the parent(s)/guardian(s) are not legal residents of Fairfield City Schools.

A person who knowingly falsifies the above information is committing a misdemeanor of the first degree, punishable by a maximum of (6) months imprisonment and/or a fine of \$1,000. (Ohio Revised Code Section 2921.13)

I have read and understand the above: Parent/Guardian Initials _____ Homeowner Initials _____

FOR OFFICE USE ONLY:

Fairfield City School District Official Signature

Date ____/____/____