



# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_