



Stow-Munroe Falls City School District
Change in Address
Change in phone/contact number

Student Name _____

School _____ Grade _____

Effective Date of Change: _____

Former Address _____ City _____

New Address _____ City _____

Former phone number _____

New phone number _____

Thank you for updating your child's records.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY:

OFFICE STAFF NAME AND DATE MAILED TO C/O: _____

MOVING WITHIN DISTRICT must include updated Residency Affidavit and proof of residency showing new address. If moving in with another district family, a Sworn Statement of Residency (notarized) along with home owner's proof of residency must be attached. For elementary, please attach Intra-District Open Enrollment application if applicable.

MOVING OUT OF DISTRICT must include Inter-District Open Enrollment application along with proof of residency from home address.



Stow-Munroe Falls City School District

4350 Allen Road
Stow OH 44224
330-689-5445
Fax: 330-688-1629

**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

_____, will also reside at the above address. I fully understand that
Parent's Name(s)

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: _____