



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

RESIDENCY AFFIDAVIT

For the purpose of establishing a school residency
(To be completed by parent/legal custodian/legal
guardian/grandparent)

TO: THE BOARD OF EDUCATION OF THE STOW-MUNROE FALLS CITY SCHOOL DISTRICT

I, _____, hereby certify that I am a resident of the Stow-Munroe Falls City School District and, reside permanently at the following address:

Address Apt. # Lot # City Zip

Name of Children (Please print):

Last First M.I. Date of Birth School/Grade

Last First M.I. Date of Birth School/Grade

Last First M.I. Date of Birth School/Grade

Total number of students enrolled in our school district at this time: _____. I further certify that:

1. This information is true, accurate, and not made up for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the Board of Education requiring legal residency in order to attend the Stow-Munroe Falls City Schools.
2. If I change my present address to another address that is within the Stow-Munroe Falls City School District, I will immediately file another Residency Affidavit with the Board of Education of the Stow-Munroe Falls City School District.
3. I understand and agree that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Stow-Munroe Falls City School District, I will apply for Inter District Open Enrollment or withdraw my child/children from the Stow-Munroe Falls City School District and will enroll my child/children in the new district of residence.
4. If it is determined that I am not a resident of the Stow-Munroe Falls City School District and/or I was not approved for Inter-District Open Enrollment, I understand that my child/children will be withdrawn from the Stow-Munroe Falls City School District. I will also be responsible for and will pay the current full tuition rate to the Treasurer of the Stow-Munroe Falls City School District pursuant to Section 3317.08 of the Ohio Revised Code, for the part of the school year that my child/children were enrolled in the Stow-Munroe Falls City School District.

NOTE: I understand that providing false information under oath is a violation of Ohio Revised Code Section 2921.13 which carries a penalty of six months in jail and a one-thousand dollar fine upon conviction. Further, I am aware that any effort to circumvent the residency requirements of this school district mandated by Ohio law may result in criminal prosecution for the theft of services, a violation of the Ohio Revised Code Section 2913.02.

*NOTE: Sign only in presence of a Witness

Signature of Parent/legal custodian/guardian/grandparent Date Relationship to Student(s)

Signature of Witness