Avon Lake City Schools (ALCS)

CHANGE OF ADDRESS

Please provide two (2) Proofs of Residency – Name and Avon Lake address need to be on all proofs.

The **first** Proof of Residency **MUST** be:

- **Signed** Lease
- Purchase Agreement (pages must include address, name, closing date and signature)
- Mortgage Statement
- Homeowner Deed

The **second** Proof of Residency may be one of the following:

- Current Utility Bill (telephone and car insurance statements/bills will not be accepted)
- Current Checking or Savings Bank Statement
- Homeowners or Tenant Insurance Policy
- Municipal Income TAX Bill (R.I.T.A.)

If living with a relative or friend: In addition to the above stated documents provided by you, our **FAMILIES RESIDING WITH RELATIVES or FRIENDS Affidavit** must be completed, notarized and returned along with this form.

Name of Students: _____Building_____Gr. _____

_____Building_____Gr. _____

_____Building_____Gr. _____

_____Building_____Gr. _____

OLD Address: _____

_____ Phone Number _____

NEW Address: _____

_____ Phone Number _____

*The above information is true and accurate and not made up for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the Avon Lake City Board of Education requiring legal residency in order to attend Avon Lake City Schools. I understand and agree that if the above noted address ceases to be my legal primary residency and my new primary residency is outside the ALCS District, I will withdraw this/these student(s) from the ALCS District and will enroll this/these student(s) in the new district of primary residence. If it is determined that I am not a resident of the ALCS District, I understand that this/these student(s) will be withdrawn from the ALCS District. I will also be responsible for and will pay the current daily tuition rate to the **Treasurer of the ALCS District** pursuant to Section 3317.08 of the Ohio Revised Code for that part of the school year that this/these student(s) was (were) in unauthorized attendance in the ALCS District.*

Signature of Parent/Guardian _____ Date _____