CHANGE OF ADDRESS REGISTRATION PACKET

USE THIS PACKET FOR A CHANGE OF ADDRESS WITHIN THE CITY OF MAPLE HEIGHTS

This packet includes a student identification/registration form, an emergency medical form, and an affidavit of residency form. **ALL** forms must be thoroughly completed for each student you wish to change the address for. All enrollments/changes of address must be done by the **LEGAL GUARDIAN** of the student as defined by ORC 3313.64 (F)(1) through (5).

The Enrollment Office is located at the Board of Education, 5740 Lawn Avenue, Maple Heights, OH 44137. Appointments are required for registration. After completing the packet please **call (216) 587-6100, ext. 3701** for an appointment.

The following items are required to complete a change of address:

- **Parent/Legal Guardian Driver License or State I.D.**
  Originals Only, Copies not Accepted

- **Proofs of Residency - items showing your name at your current Maple Heights address will be required.**

  Three Current Forms of Documentation: One (1) from Category 1 and Two (2) from Category 2

  **Category 1 (Provide One Item)**
  - Home Owner’s Mortgage Statement, Deed or Property Tax Statement
  - City of Maple Heights Occupancy Report
  - Section 8 Documentation
  - Valid and Current Lease/Rental Agreement
  - Owner Affidavit and Proof of Ownership

  **Category 2 (Provide Two Items)**
  - Voter Registration Card
  - Utility Bill
  - Cable or Cell Phone Bill
  - Bank Statement
  - Pay Stub
  - Valid & Current Driver License or State I.D. with Maple Hts. Address
  - Municipal Income Tax Records
  - Credit Card Statement
  - Car or Home/Renter’s Insurance Declaration
  - County Benefit Voucher
  - Other Official Documents
# CHANGE OF ADDRESS

**Student Name:** _____________________________  **Grade:** _______  **Building:** ______________

<table>
<thead>
<tr>
<th>Mother</th>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Separated</th>
<th>Remarried</th>
<th>Deceased</th>
<th>Dual Mailing:</th>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>Number</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
<th>Up</th>
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<th>Apt. # ________</th>
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<tr>
<th>Workplace</th>
<th>Email</th>
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<tr>
<th>Home Phone</th>
<th>Work Phone</th>
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<th>Father</th>
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<tr>
<th>Legal Guardian</th>
<th>Step Parent</th>
<th>Foster Parent</th>
<th>Other:</th>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
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<tr>
<th>Social Worker (If Applicable):</th>
<th>Phone:</th>
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## EMERGENCY CONTACT INFORMATION

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<tr>
<th>Name</th>
<th>Relationship</th>
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<th>Relationship</th>
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<tbody>
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<td>Telephone</td>
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<td>Telephone</td>
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<td>Email</td>
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_I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge._

**Date:** __________  **Parent/Legal Guardian/Independent Student:** _____________________________  **Signature:** _____________________________

3-21-19
Student Name______________________________________________Grade_____________DoB__________

Address _____________________________________________Telephone_____________________________

Email

Residential Parent or Guardian  Mother living with family? ☐ Yes ☐ No  Father living with family? ☐ Yes ☐ No

Purpose - To enable parents to authorize the emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

Mother ____________________________________________Tel__________________

Father _______________________________________________Tel__________________

Other Name/Relationship __________________________________________________________________________

Other Name/Relationship __________________________________________________________________________

Other Name/Relationship __________________________________________________________________________

Facts concerning the child’s medical history including allergies, medications being taken, and/or any physical impairments to which a physician should be alerted:

__________________________________________________________________________________________

__________________________________________________________________________________________

Part I OR Part II must be completed

Part I (TO GRANT CONSENT)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor________________________________________________________Tel_________________________

Dentist________________________________________________________Tel_________________________

Medical Specialist______________________________________________Tel_________________________

Local Hospital___________________________________________________Tel_________________________

In the event reasonable attempts to contact me at _______________ (tel #) or __________________________ (other parent) at _______________ (tel #) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _________________________ (preferred doctor) or Dr. _________________________ (preferred dentist), or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _________________________ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

_____________ ___________________________________________ _________________
Date                                                     Signature of Parent                                                                                   Address

DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I

PART II (REFUSAL OF CONSENT)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

_____________ ___________________________________________ _________________
Date                                                     Signature of Parent                                                                                   Address
MAPLE HEIGHTS CITY SCHOOL DISTRICT
Residency and Custody Affidavit
For the purpose of establishing school residence and custody (To be completed by parent or legal guardian)

SIGN ONLY AFTER CAREFULLY READING AND SIGNING IN THE PRESENCE OF A NOTARY

THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:

I, ____________________________________________________certify that I am the custodial parent/legal guardian of
(Parent’s or Legal Guardian’s Full Name)

________________________________________________________________________________________________
(Students’ Names)

and that I have established residency at
(Street Number, Name, Apt. #)  (City)  (State) (Zip Code)

Date of Occupancy:        Lease End Date (if applicable): ________________

I,      , certify that I am a resident of the above residence located within Maple Heights City School District. The registrar has explained to me that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the Maple Heights City School District address and also, that the residence where meals are taken, and where the resident parent sleeps must be at the Maple Heights City School District residence. This is the legal definition of residency for school purposes in Ohio. See Ohio Revised Code Sections 3301.121, 3313.66 through 3313.662.

List the names of ALL people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and “status” (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.) Attach a separate piece of paper, if needed.

<table>
<thead>
<tr>
<th>Last Name</th>
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<th>School (If Applicable)</th>
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Please read each statement and then place your initials to the left of the statement.

I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the Maple Heights City School District

I/we understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the Maple Heights City School District, I will immediately file another residency and custody affidavit with the enrollment office of the Maple Heights City School District. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Maple Heights City School District, I will withdraw my child(ren) from the district and will enroll my child(ren) in the new district of residence.
I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

I/we have provided the **Maple Heights City School District** with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672.

I/we acknowledge the student who is being registered has not been expelled or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

I/we understand that if the student attends school while not being eligible to do so tuition free, the student and all responsible parties will be liable for tuition at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08 (the tuition rate of $3,820.98 for the year) plus interest at a rate of 1.5% per month, administrative costs, court costs, and any attorney fees incurred in the collection of those sums and the student will immediately be withdrawn from the **Maple Heights City School District**.

I/we understand that the **Maple Heights City School District** may use whatever legal means it has at its disposal to verify my residency. I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the Maple Heights City School District, the City tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

**NOTE:** Be sure you have read this statement carefully before you sign. **Giving false information under oath is punishable as a criminal offense** under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of $1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, each violation may be thoroughly and vigorously prosecuted.

**SIGNATURE(S)**

Parent/Legal Guardian/Custodian: __________________________________________________________

County of Cuyahoga )

) SS: ____________________________

State of Ohio )

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence,

This ___________________ day of _____________________________, 20______________

____________________________________________

Notary Public