

Autism Model School
3020 Tremainsville Rd. Toledo, OH 43613
(419)897-4400
www.AutismModelSchool.com

PROOF OF RESIDENCY COMPLIANCE LETTER

Dear Parent / Guardian:

It is the requirement of the Autism Model School to prove to the State of Ohio that all students reside in Ohio. To complete this requirement, it is the parent or guardian's responsibility to provide the school with proof of residency. This may take one of two forms as stated in our Student Handbook:

- a. A copy of a utility bill with the name and address and the parent/guardian clearly printed on it.

or

- b. A completed Residency Affidavit that is notarized. This has been attached to this letter.

If you do not turn in a proof of residency by the following date: _____, your child will not be recognized as a resident of the State of Ohio and they will be taken off the student roster.

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*THE STATE OF OHIO WILL ACCEPT A COPY OF A UTILITY BILL WITH YOUR NAME AND ADDRESS
IF YOU DO NOT WISH TO FILL OUT THE FORM BELOW*

RESIDENCY AFFIDAVIT

STATE OF OHIO

COUNTY OF _____

BEFORE ME, A NOTARY PUBLIC, IN AND FOR SAID STATE AND COUNTY, DID PERSONALLY
APPEAR (parent/guardian)_____ WHO BEING BY ME
DULY SWORN (OR DID NOT AFFIRM) DEPOSES AND SAYS THAT HIS/HER SOLE AND ONLY
LEGAL RESIDENCE AND THAT OF HIS/HER CHILD, (child)_____,
IS (address):

AND FURTHER AFFIDAVIT SAITH NOT.

SIGNED _____

SWORN TO BEFORE ME AND SIGNED THIS _____ DAY OF _____, _____

SIGNED _____

NOTARY PUBLIC
STATE OF OHIO

MY COMMISSION EXPIRES (date) _____

NOTICE:READ CAREFULLY: Falsification of this document is a violation of the Ohio Revised Code: section 2921.13 (A)(6) which is a First Degree Misdemeanor punishable by a prison term of six months and / or a fine of up to \$1000, further, the affiant will be billed (and prosecuted in court, if necessary) to collect all tuition which may be due.