



Nordonia Hills City Schools

D&V

RESIDENCY DECLARATION

(TO BE COMPLETED BY PROPERTY OWNER or TENANT)

I, _____, certify that I am the owner or tenant of the residence/apartment located at _____

I further certify that _____ resides in the aforementioned residence/apartment and, to the best of my knowledge, is not maintaining a separate residence elsewhere, I have attached my: (check one below)

_____ Property Taxes / Mortgage Statement

_____ Lease/rental agreement along with a statement from the leasing department or landlord with knowledge of new tenants.

All Adult(s) in Residence

All Child(ren) in Residence

I realize that should any of the above statements be false, I hereby agree to assume tuition costs for the student(s) listed above for the period of time s/he has been attending the Nordonia Hills City Schools and am liable for any penalties which the law provides under the criminal code. Current tuition costs are for half-time Grade K \$7063.66 & Grades KG-12 \$14,127.32 per student. (Tuition rate subject to change for the 2024-2025 school year.)

Date

Signature

State of Ohio

County of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 20 _____

(SEAL)

Notary Public

My Commission Expires _____



Nordonias Hills City Schools

D&V

RESIDENCY VERIFICATION (TO BE COMPLETED BY PARENT)

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I, _____, certify that I am the custodial parent/legal

guardian of _____

and that I have established permanent residency at _____

I attest that the information I have provided in this declaration is accurate. Should any of this information be incorrect. I hereby agree to assume tuition cost for the student(s) listed above for the period of time s/he has been attending the Nordonias Hills city Schools.

Current tuition costs are for half-time Grade K \$7063.66 & Grades KG-12 \$14,127.32 per student.
(Tuition Rate subject to change for the 2024-2025 school year.)

I agree to and stipulate that the Nordonias Hills city School district may utilize whatever means it has at its disposal to verify my residency.

Date

Signature of Parent/Guardian

State of Ohio
County of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 20 _____

(SEAL)

Notary Public
My Commission Expires _____