

**Belpre City Schools**

2014 Rockland Ave.  
Belpre, OH 45714

740-423-9511  
740-423-3050 fax  
[www.belpre.k12.oh.us](http://www.belpre.k12.oh.us)

**AFFIDAVIT**  
**SWORN STATEMENT OF RESIDENCY**  
(For use only if living with another Belpre resident or Belpre family)

For the consideration that \_\_\_\_\_ may attend the Belpre City Schools  
Student's Name

District, I \_\_\_\_\_, do hereby swear and affirm that  
Belpre Resident

\_\_\_\_\_, will reside with me at my home \_\_\_\_\_  
Student's Named Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and that Mr. and/or Mrs.  
City Zip Code County

\_\_\_\_\_, telephone \_\_\_\_\_ will also reside at the above address.  
Parent's Name(s)

I fully understand that this sworn statement entitles temporary attendance in the Belpre City School District. If the family or any member thereof moves from my home, I will immediately notify the Superintendent of the Belpre City School District, 2014 Rockland Ave., Belpre, OH 45714, (740) 423-9511.

\_\_\_\_\_  
Date

**NOTE: Sign only in the presence of a Notary Public**

\_\_\_\_\_  
Signature of Belpre Resident  
County of \_\_\_\_\_ )  
State of Ohio \_\_\_\_\_ )

SWORN TO AND SUBSCRIBED in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Seal My commission expires: \_\_\_\_\_