

**HUDSON CITY SCHOOL DISTRICT
SWORN STATEMENT OF RESIDENCY**
(For use only if living with another Hudson family)
O.R.C. 3313.64

For the consideration that _____ may attend Hudson City Schools,
Student's Name(s)

I, _____, do hereby swear and affirm that
Hudson Resident (Please Print)

_____ will reside with me at my home
Student Name(s)

_____ and that
Street Address City Zip County

Mr. and/or Mrs. _____ will also reside at the above address. I fully understand that
Parent's Name(s)

this sworn statement entitles temporary attendance in the Hudson City School District. If the family or any member thereof moves from my home, I will immediately notify the Treasurer of the Board of Education of Hudson City School District, 2386 Hudson Aurora Road, Hudson, OH 44236, (330) 653-1270. **If these statements are not factual and if evidence is found later to show that these facts are not true, I understand that I will owe tuition of \$ 68.60, per day, per student, per Board of Education Policy and Procedure.**

Date Signature of Hudson Resident (Witnessed by a Notary Public)

County of)

State of Ohio)

Attested to and subscribed in my presence, this _____ day of _____, 20____

(Seal)

Notary Public _____

Commission Expires _____

**PLEASE ATTACH A COPY OF THE HUDSON RESIDENT'S PURCHASE,
RENT, LEASE AGREEMENT OR DEED**

3/10/10