



CHANGE YOUR ADDRESS

*You can do it all
online!*

1

Click on the "Returning Students Back to School" icon near the middle of the homepage (bedfordschools.org)

2

Upload documents: login to your FinalForms account. Go to the "Contact Form" page. Change the address in 3 areas: student's address, mailing address and parent's address. Select "own," "rent" or "live with another resident." Upload your current mortgage/lease statement and utility bill under "Document Upload." You must also upload a notarized residency affidavit.

3

Update your Transportation Form (T-Form) to make changes to your child's transportation arrangements.

4

After uploading all documents, go to the "Schedule Appointment Form." You will be able to schedule either a face-to-face or over-the-phone appointment. A notary is available at appointments.

**For a change of custody or a name change, call the registrar
440-439-4395**

**FOR CHANGE OF ADDRESS WITHIN THE DISTRICT
CHECKLIST**

Proof of Residency **INCLUDING** a notarized Residency Affidavit, **PLUS:**

FOR HOME OWNERS:

- A current mortgage payment book or statement **AND** a recent utility bill naming the parent/guardian as the homeowner.

FOR LEASE HOLDERS OF APARTMENTS OR MOBILE HOMES:

- The original, current lease, naming the parent/guardian, and the owner's phone number, **AND** a recent utility bill.

FOR RENTERS OF SINGLE DWELLINGS:

- A lease from the landlord, naming the parent/guardian and children, and the name, address and phone number of the landlord, **AND** a recent utility bill.

PLEASE NOTE: We check all leases with the building department, leasing agents and/or property owners for accuracy. Please note that you must be on file as a tenant at the building department.

FOR PARENT/GUARDIAN LIVING IN A SINGLE DWELLING WITH ANOTHER RESIDENT

ALL OF THE FOLLOWING ITEMS ARE REQUIRED:

- A notarized Residency Affidavit completed by the parent/guardian;
- One piece of business mail showing the said address;
- A notarized *Owner/Tenant Affidavit* completed by the **homeowner** accompanied by a mortgage payment book or current statement/lease **AND** a recent utility bill.

PLEASE NOTE: All families doubling up will be considered a family without a home.

DIVORCE/CUSTODY

- If there has been a divorce, legal separation or any custody changes, state law requires that the final paperwork (dated and stamped by the court) needs to be presented at the time of your appointment in order for the address to be changed and transportation continued.

Please follow the Address Change flyer.
All appointments should be scheduled on-line, through FinalForms

Bedford 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) (Student's Name)

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 the Bedford 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 Bedford City School District address and also, that the residence where meals are taken, and where the resident parent sleeps must be the Bedford City School District residence. (Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification)

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.

Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 Bedford 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 Bedford City School District, I will **immediately** file another residency and custody affidavit with the Board of Education of the Bedford 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 Bedford 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 Bedford 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 current tuition rate 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 Bedford City School District.
- _____ I/we understand that the Bedford 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 Bedford 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: _____ Social Security # _____
Student 18 years of age or older: _____ Phone number: _____

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
Effective Date March 1, 2010

BEDFORD CITY SCHOOL DISTRICT CHANGE OF ADDRESS FORM

**** PLEASE PRINT ****

CHILD'S LAST NAME: _____

GRADE: _____

CHILD'S FIRST NAME: _____

BIRTHDATE: _____

HOME ADDRESS: _____

PHONE: _____

CITY: _____

GENDER: *M* or *F*

SCHOOL NAME: _____

PARENT NAME: _____

HEALTH CONCERNS: _____

Circle one: My child **WILL** or **WILL NOT** ride the bus.

Parent / Guardian Signature

Date

Updated July 25, 2023