

#### CHANGE OF ADDRESS OR RE-ENROLLING OF STUDENT PACKET

Dear Parent/Guardian:

If you have a change of address within the Copley-Fairlawn City School District or are re-enrolling a student after having been in the Copley-Fairlawn Schools within the past year, please fill out the attached paperwork and email, fax or drop off to the Board of Education Office (you may drop it off in the metal black box outside the office doors, if after hours) along with your deed/lease and two other proofs of residency (i.e. driver's license, utility bills, voter registration card, etc.).

Office hours are 7:30 AM to 3:30 PM Monday through Friday.

If you have any additional questions, please call 330-664-4800.

Sincerely,

Stacy Samar gan

Central Office



Copley-Fairlawn City School District 3797 Ridgewood Road Copley, OH 44321-1665 330-664-4800 Fax: 330-664-4811

# FORM A RESIDENCY AFFIDAVIT

For the purpose of establishing a school residency. (To be completed by parent/legal custodian/legal guardian/grandparent)

### TO: THE BOARD OF EDUCATION OF THE COPLEY-FAIRLAWN CITY SCHOOL DISTRICT

10. THE BO.	ARD OF EDUCATIO	n or the cor	LEI-PAIRLAWN		OL DISTRICT	
I,		, hereby ce	ertify that I am a res	ident of the (	Copley-Fairlawn City	
	ct and, reside perman	ently at the follo	wing address:			
Address	Apt. #	Lot#	City		Zip	
Name of Children (Please Print)						
Last	First	M.I.	Date o	f Birth	School/Grade	
Last	First	M.I.	Date of	of Birth	School/Grade	
Last	First	M.I.	Date o	of Birth	School/Grade	
I further certi	fy that:					
4. If it is de withdraw determin 3317.08 School I determin NOTE: I unders penalty of six mo	and will enroll my child/chile etermined that I am not a resure from the Copley-Fairlaw and by the Ohio Department of the Ohio Revised Code, in District. The tuition rate for and that providing false infanths in jail and a one-thous this school district mandated	Idren in the new distri- sident of the Copley-F- in City School District of Education to the T for the part of the scho- the current year is \$12 formation under oath is and dollar fine upon o	ct of residence. airlawn City School Distri. I will also be responsible reasurer of the Copley-Fai tool year that my child/child, 2,834.61.17. The rate for a violation of Ohio Revionviction. Further, I am a	ict, I understand te for and will pay rlawn City Schoodren were enrolle the 2023-2024 school sed Code Section ware that any effective in the code section in the code section was also section to the code section the code section in the		
NOTE: Ci		N. A Drahli e				
	only in presence of a		Date	Relationsh	nip to Student(s)	
Digitatore of 1 are	nio legar custodian guardian	, grandpinent	Date	Relationsi	np to Student(s)	
Parent/legal custo	odian/guardian/grandparent	(Please print)	Social Security # o	of Parent/legal cus	stodian/guardian/grandparent	
County of State of Ohio		)				
SWORN TO AN	ID SUBSCRIBED in my pr	esence this	da	ay of	, 20	
	(Seal)	My nor	mission expires:	Notary Public		



# **AUTHORIZATION FOR RELEASE OF INFORMATION**

l,		_, hereby authorize (Landlord/Manageme	ent
Company or Entity name	e)		
Landlord/Management	Company Phone #	and its agents to r	e-
lease any and all inform	ation regarding my rental	l of the property located at	
	, Ohio, to the Cop	pley-Fairlawn City School District and its e	∍m-
ployees and agents ("Co	ppley-Fairlawn"). My auth	horization to release information includes	s,
without limitation, auth	orization for the above na	amed Landlord or Management Company	у о
Entity to provide to Cop	ley-Fairlawn a copy of my	y lease and a list of the people authorized	l to
reside with me at the at	oove referenced property	'.	
	(Renter's Signa	ature) (Date)	
	(Printed Name	of Renter)	



Copley-Fairlawn City School District 3797 Ridgewood Road Copley, OH 44321-1665 (330) 664-4800 Fax: (330) 664-4811

## TRANSPORTATION FORM

New/Withdrawn/Transfer Student

TO:	TRANSPORTATION DEPARTMENT					
FROM:	(Check one) CHS	CFMS   AP	S 🗆 FIPS	□ HPS □	OTHER	
Transportation will begin						
	Transportation will end					
RE:	(Check one)    New	□ Transfer □ A	ddress Chang	ge 🗆 Phone #	Change	
Print Cleady						
Grade	Starting Date	Ne	w Student		Vithdrawn Date	
Student La	ast Name		Student First	Name		
Street Address			City		Zip	
Home Phone  Cell Phone			Daytime Phone		Ext	
			Student's Date of Birth			
Email Ad	dress					
Parent/Le Name	gal Guardian					
		School	Use Only			
A.M. Bus						
P.M. Bus						
Noon Bu	s#	Location		Time		
Review I	Зу:			Date		
Copy FA	XED to: Building Secret Acknowledged	ary by Transportation I	Department	Date: Date:	Initial:	



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# EMERGENCY NOTIFICATION SYSTEM CONTACT INFORMATION UPDATE

Copley-Fairlawn City Schools uses an emergency notification system called ALERT NOW. ALERT NOW notifies families when school is called off due to inclement weather and sometimes for notification of school activities. Please only put the numbers you would want called for these instances, not individual emergency contacts (i.e. grandparents).

To update the contact information used by the emergency notification system, please return this form to the building secretary or email the information to steve.robinson@conley-fairlawn.oru. Please complete a new form anytime your contact information changes.

Student's Name					Grade	
Parent's Name						
Building	□ CHS	□ CFMS	□ APS	□ FIPS	□ HPS	
Primary Phone	è					
Emergency Ph	one l					
Emergency Ph	one 2					
Emergency Ph	hone 3					
Emer@ency Ph	hone 4					
Email 1						
Email 2					<u> </u>	
Email 3						