



**GALION CITY SCHOOLS
UN-MARRIED PARENT AFFIDAVIT**

STATE OF OHIO
COUNTY OF
CRAWFORD

Parent's name (*please print*) _____, being by me
duly sworn, did personally appear and state before me, a Notary Public, in and for said County and State, that
he/she is the natural parent of:

Student's full name _____ DOB _____

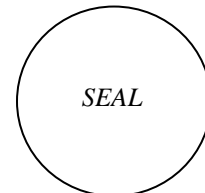
Student's full name _____ DOB _____

Student's full name _____ DOB _____

And that he/she did not ever participate in a ceremonial marriage with the other parent of the child/children, nor
has legal custody of said children ever been assigned to either parent by a court.

Parent/Guardian Signature (Affidavit) _____

Phone number _____ *Date* _____



SWORN TO BEFORE ME AND SIGNED THIS _____ DAY OF _____ 20_____

SIGNED _____ COMMISSION EXPIRES _____

NOTICE: READ CAREFULLY: Knowingly falsifying this document is a violation of the Ohio Revised Code: Section 2921.13(A)(6) which is a First Degree Misdemeanor punishable by a prison term of six (6) months and/or a fine up to \$1000.00. Inaccurate and/or false information will result in immediate withdrawal of your child(ren) from Galion City Schools.