



# BETHEL LOCAL SCHOOLS

*Our Vision....Their Future!*

### Justin Firks

Superintendent

firksj@blsk12.org

### Brennon Hattery

Treasurer

hatteryb@blsk12.org

### Barrett Swope

High School Principal

swopeb@blsk12.org

### Mara Lance

Guidance Counselor

lancem@blsk12.org

### Mike Coots

Athletic Director

cootsm@blsk12.org

### Tim Zigler

Middle School Principal

ziglert@blsk12.org

### Jodi Petty

Elementary Principal

pettyj@blsk12.org

### Mary Roll

Elementary  
Asst. Principal

rollm@blsk12.org

## Adult Residence Statement

In compliance with Section 3313.64 of the Ohio Revised Code, I

\_\_\_\_\_ and my son(s) and/or daughter(s) listed below:

<u>Student</u>	<u>Grade</u>	<u>Birth Date</u>	<u>School Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

for whom I have Legal Custody, reside at:

\_\_\_\_\_.

I am an actual resident of the school district. I understand the falsification of information on this form will result in withdrawal of my child or children from school and the possible *charging of tuition* for those days I was not a resident of the district. I also understand that under Ohio Revised Code 2913.02 I can be prosecuted for *Theft of Services* and also prosecuted for any day my child is not in school. *Also falsification of any notarized document is a First Degree Misdemeanor under the Ohio Revised Code Section 2921.13.*

*Do Not Execute this Power of Attorney* if any statement made in this instrument is untrue. (Falsification is a crime.)

The undersigned having been duly sworn states that all of the above information is True.

\_\_\_\_\_  
Parent/Legal Guardian Signature

Sworn before me and in my presence on this the \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_

7490 South State Route 201, Tipp City, Ohio 45371-9754

\_\_\_\_\_  
(937) 845-9414 • (937) 845-5007 Fax  
Notary Public

[www.bethelk12.org](http://www.bethelk12.org)

