



## Residency Verification Form

Please bring this form, along with appropriate Proof of Residency documentation\*, to the Board of Education (BOE) in the town in which you live to verify your address, then return it to the LEARN school that your child attends.

**\*please visit our website at:**

[http://www.learn.k12.ct.us/departments/otl/magnet\\_school\\_office/district\\_residency\\_verification\\_information](http://www.learn.k12.ct.us/departments/otl/magnet_school_office/district_residency_verification_information)  
for specific requirements for your District of Residence.

**Districts now require annual proof of residency to maintain your child's enrollment in a magnet school.**

Registration for:

<input type="checkbox"/> <u>The Friendship School</u> Fax: 860-447-4056	<input type="checkbox"/> <u>Connecticut River Academy</u> Fax: 860-216-9641
<input type="checkbox"/> <u>Riverside Magnet School at Goodwin College</u> Fax: 860-709-6897	<input type="checkbox"/> <u>Marine Science Magnet High School</u> Fax: 860-446-9381
<input type="checkbox"/> <u>Regional Multicultural Magnet School</u> Fax: 860-437-1585	<input type="checkbox"/> <u>Three Rivers Middle College Magnet High School</u> Fax: 860-215-9913
<input type="checkbox"/> <u>Dual Language &amp; Arts Magnet Middle School</u> Fax: 860-443-0468	

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The above information is correct and accurate.

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

\_\_\_\_\_  
Date

**This section is to be completed by the School District that student resides in:**

This verifies that \_\_\_\_\_ resides in the \_\_\_\_\_  
School District.

Signature of District Official/Residency Officer: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

(District Stamp)



## Formulario de Verificación de Residencia

Lleve este formulario junto con la documentación apropiada de Prueba de residencia a la Junta de educación del pueblo en el que vive para verificar su dirección y luego devuélvalo a la escuela LEARN a la que asiste su hijo.

\*Por favor visite nuestro sitio web en:

[http://www.learn.k12.ct.us/departments/otl/magnet\\_school\\_office/district\\_residency\\_verification\\_information](http://www.learn.k12.ct.us/departments/otl/magnet_school_office/district_residency_verification_information)

para requisitos específicos para su Distrito de Residencia.

**Distritos ahora requieren una verificación anual de residencia para mantener la inscripción de su hijo en una escuela magnet.**

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<input type="checkbox"/> <u><i>Dual Language &amp; Arts Magnet Middle School</i></u> Fax: 860-443-0468	

Nombre del Estudiante: \_\_\_\_\_ Edad: \_\_\_\_\_ Fecha de Nac.: \_\_\_\_\_

Grado Entrante: \_\_\_\_\_ Nombre del Padre/Encargado: \_\_\_\_\_

Dirección Completa: \_\_\_\_\_

Tel. de Casa: \_\_\_\_\_ Tel. Celular: \_\_\_\_\_

Tel. del Trabajo: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

La información anterior en correcta y precisa.

\_\_\_\_\_  
Firma del Padre/Encargado Fecha

**This section is to be completed by the School District that student resides in:**

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School District.

Signature of District Official/Residency Officer: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
(District Stamp)