



NORWICH FREE ACADEMY

Residency Affidavit and Pre-Registration Approval Form

I _____ am seeking enrollment at
Name *DOB*

Norwich Free Academy effective _____, 20__.

I currently reside at:

Street *City* *State* *Zip Code*

I currently live with _____
Name(s) *Telephone No.*

who is/are my (check one):

parent(s) legal guardian spouse friend
 foster home family relative (indicate relationship): _____
 other

If other, please explain _____

I have been living at this address since _____
Day / Month / Year

Previous Residency *Years / Months*

Last school attended _____

Year attended _____ Number of credits earned _____ Grade _____

I am a (check one): Regular Education Student Special Education Student

Parent / Legal guardian Signature *Date*

The town of _____ has reviewed this form and is recommending that the above-named individual complete the registration process for Norwich Free Academy. The Town of _____ assumes the cost of tuition for this individual for the remainder of his/her high school career as long as the above-named individual maintains the residency as stated above or remains within the sending district. Please note that this does not include potential fifth-year students who need additional approval from the sending town.

Superintendent's Signature *Date*

Please return to:
Registrar's Office
305 Broadway
Norwich, CT 06360
860-425-5605

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