



MADISON PUBLIC SCHOOLS CERTIFICATION OF RESIDENCY

(For families living with someone who is the owner/tenant of residence in Madison) (as of 05/21)

As a part of our residency verification process, we are requesting that you, as the owner/tenant of the residence in Madison, verify that:

School: _____ School Year: _____

Name of Student(s): _____

and his/her parent(s)/guardians(s): _____

reside at: _____ with me.
(List Address and Apartment/Unit Number)

I, _____ certify that the above-named student(s) and
(Local Resident/Relative/etc.)

parent(s)/guardian(s) reside with me at the above listed address seven days a week, in a residence owned or occupied by me in the town of Madison. I realize that if I make a false statement as to the residency, I may be held liable for a share of the cost of the education of the said student(s) if they, in fact, do not reside in Madison. My relationship to student(s) is _____. I can be reached at home _____ or work _____.

I understand that a Certificate of Residence is valid only for the current school year and will need to be resubmitted annually. I agree to notify the school immediately regarding the termination of the student's full-time physical presence (permanent residency) in the town of Madison, in which event the student will no longer be eligible for free school privileges. Finally, I understand that should the student be found to be attending Madison Schools illegally, the town of Madison reserves the right to recover the costs of such education from me, the undersigned. I will cooperate with the Town of Madison when an investigation is conducted to verify residency of the above-named student(s).

I understand that a false statement may lead to the disenrollment of the above-named student(s) and may lead to my prosecution under the criminal statutes of the State of Connecticut, which is stated below (Larceny 53a-122). I also understand that this document may be used as evidence in a court of law.

RELEASE OF INFORMATION

To Whom It May Concern:

I hereby give consent to any authorized representative of the Madison Public Schools to obtain any information in your files pertaining to my permanent residency (address). This may include homeowners (landlord), residential managers, rental agents, caseworkers, housing authorities, utilities (electric, gas, phone, cable tv, etc.) or any agency regarding my permanent residence (address).

Information obtained by this release will be used to verify my residency for the purposes of public school enrollment in accordance with Connecticut General Statute 10-253.

LARCENY 1st DEGREE, 53a-122 – *The property or service is obtained by DEFRAUDING A PUBLIC COMMUNITY and such property exceeds \$2,000.*

Class B Felony – *Not less than 1 year nor more than 20 years and/or a fine up to \$10,000.*

Signed: _____
(Legal Resident of Madison)

Date: _____

Signed: _____
(Parent or Guardian of Student(s))

Date: _____

OATH

Both personally appeared _____ & _____ and subscribed to and swore to the truth of the forgoing before me this ____ day of _____, 20 ____.

Notary Public's Signature My commission expires: _____

Print Name _____ Telephone # _____

If you have any questions regarding this form please contact Madison Public Schools at (203) 245-6300.