



**PARENT/GUARDIAN AFFIDAVIT FOR PURPOSE OF RESIDENCY**

*(To be completed by the parent who does not reside in the primary household with the student(s))*

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally appeared \_\_\_\_\_, who made oath to the following:

1. I am a (parent/guardian) of \_\_\_\_\_.  
(name of child or children)
2. I reside at \_\_\_\_\_, in the town of \_\_\_\_\_  
(street address)  
\_\_\_\_\_, State of \_\_\_\_\_.  
Telephone number: \_\_\_\_\_.
3. \_\_\_\_\_ does not currently reside with me.  
(names of child or children)
4. It is my intention that \_\_\_\_\_  
(names of child or children)  
reside with \_\_\_\_\_ in the Town of Madison, State of  
Connecticut, and that such residence is permanent.
5. I do not now pay nor do I intend to pay \_\_\_\_\_ for  
providing such residence.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

**IT IS A VIOLATION OF CONNECTICUT CRIMINAL STATUTE, CGS 53a-157, TO MAKE FALSE WRITTEN STATEMENT. THE MADISON PUBLIC SCHOOLS SECURITY SERVICES STAFF AND MADISON POLICE SERVICES ASSIST THE BOARD OF EDUCATION IN INVESTIGATIONS OF STUDENT RESIDENCY CLAIMS.**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, My commission expires, \_\_\_\_\_, 20\_\_\_\_.  
Notary Public

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