



**STAMFORD PUBLIC SCHOOLS
Notarized Residency Affidavit
FORM A**

To be Renewed Annually

To Be Completed by Parent Unable to Obtain Copy of Lease

1. Name of Parent/Guardian: _____ Date: _____

2. This is to confirm that I reside in Stamford at

Number	Street	Apt#	Zip Code
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with my children:

_____	_____	_____
Name of Student	School	Grade

_____	_____	_____
Name of Student	School	Grade

_____	_____	_____
Name of Student	School	Grade

3. I hereby certify that I have attempted to secure a copy of a written, executed lease, but have not been successful.

4. My landlord's contact information is provided below:

Landlord's Name	Address	Telephone Number
_____	_____	_____

As a parent/guardian of the student named on this form, I attest to the accuracy of the information. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the City of Stamford, 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 Stamford Public Schools illegally, the City of Stamford reserves the right to recover the costs for such education from me, the undersigned.

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut.

I also understand that this document may be used in a court of law as evidence against me.

Signed: _____
Parent Signature Date

Signed and sworn to before me this _____ day of _____ year _____

Notary Public

If you have questions regarding this form, please contact Dena Booker 203-977-4465 or 203-977-5312 for Spanish assistance