

## **Plymouth Public Schools**

## **Verification of Residence**

## **NEW ENROLLEE/STUDENT TRANSFER/CHANGE OF ADDRESS**

I (print name)	the parent/legal guardian/host of
(Name)	(Address)
certify that the above named stu	dent actually lives full time (typically 7 days per week) at the above address. The telephone
number at the same address is _	and the telephone number in an emergency is
Gra	de
this information. I understand th student(s) and may lead to my pr	ents provided are accurate. I authorize representatives of the Plymouth Public Schools to veri lat a perjured or fraudulent statement may lead to the disenrollment of the above named rosecution under the criminal statutes of the State of Connecticut, which is stated below. I als hay be used as evidence in a court of law.
<u>Larceny 1<sup>st</sup> Degree 53a122</u> The \$2,000.	property or service is obtained by defrauding a public community and such property exceeds
	ne year or more than 20 years and/or a fine up to \$10,000.
Parent/Guardian Signature:	Date:
	For Transfers Only
Current School (send records)	New School
	FOR OFFICE USE ONLY
In order to verify district residence and provide documents from eitl	ce, the student over 18, parents, guardians, hosts, or an emancipated minor must sign above ner #1 or #2 below.
1. Copy of one of the foll and a current utility bill:	lowing at address within the district in the parent's, guardian's/host's or adult student's name
b. Escrow pape	tement/Deed to home or dated rental agreement showing student(s) name
residence	ter from landlord or owner acknowledging parent/guardian's and student's
	on

Verification visit completed by: \_\_\_\_\_