

**Scarborough Public Schools
Residency Affidavit***

I, _____, declare that I physically reside at:
(Parent/ Guardian)

Street Address – (No Post Office Box): _____

City, State, Zip: _____

Home phone # _____ Cell phone # _____

I also declare that I am in compliance with the State of Maine laws requiring students to attend public school in the district in which they live with their parents or legal guardians, and that I have no other legal residence other than that listed on this affidavit. In order to affirm my residence in the Scarborough School district, I have presented the following documents with my address to school officials (Indicate all that apply. **A minimum of two are required to register:**)

_____ Current Vehicle Registration

_____ Purchase/Lease Agreement

_____ Past Month's Utility Invoice

I declare that these documents are true and accurate and, further, I am aware that the deliberate, intentional falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this affidavit change, I must immediately notify the building principal of the Scarborough school(s) attended by my child(ren).

I am aware that if a student is found to have established residency in Scarborough by providing false or inaccurate information, the student's enrollment will terminate immediately. Further, the parents/guardian may be held liable for all costs incurred while the student was enrolled in the Scarborough School Department.

For secondary school students, I am aware that the guidelines of the Maine Principals' Association prohibit students from participation in interscholastic competition for a school other than that which he/she legally attends. To falsify residency and to participate interscholastically would result in further penalties to the student, even if at some point following the violation he/she were to legally reside in Scarborough.

Print Name: _____
(Parent/Guardian)

(Child's Name)

Signature: _____
(Parent/Guardian)

(Child's Name)

(Child's Name)

NOTARIZED ON _____
(Date)

NOTARY SIGNATURE _____

Staff Signature: _____ Date Received: _____

Staff Name (Printed) and Title: _____

***This form MUST be notarized by Scarborough School personnel ONLY.**