

Hoosac Valley Regional School District

**191 CHURCH STREET
CHESHIRE, MA 01225
(413) 743-2939**

Perseverance Respect Integrity Diversity Empathy

DECLARATION OF RESIDENCY

The undersigned declares the following to be true and correct in all aspects. **Please note: it is the parent/guardian's responsibility to inform the school if there is a change in residency during the school year.**

Student's Name: _____ **Date of Birth:** _____

Student's Actual Residential Address:

_____ City/Town _____ State _____ Zip Code
Street Number & Name

Father/Guardian's Actual Residential Address:

_____ City/Town _____ State _____ Zip Code
Street Number & Name

Home Telephone #: _____ Cell Phone #: _____

Mailing Address if different than above (P.O. Box, etc.) _____

Mother/Guardian's Actual Residential Address:

_____ City/Town _____ State _____ Zip Code
Street Number & Name

Home Telephone #: _____ Cell Phone #: _____

Mailing Address if different than above (P.O. Box, etc.) _____

Student Currently Resides with:

___ Mother & Father ___ Mother ___ Father ___ Foster Parent
___ Court Appointed Guardian ___ Other

Signed under the pains and penalties of perjury this _____ day of _____, 2023.

(Parent/Guardian Signature)

(Signature of Witness)