



# NORWALK PUBLIC SCHOOLS PARENT/GUARDIAN AFFIDAVIT

The district will investigate the residency of families who use a Parent/Guardian Affidavit

**PROVIDING ANY FALSE INFORMATION, STATEMENTS, OR PROOF OF RESIDENCY IS A VIOLATION OF LAW AND WILL BE SUBJECT TO LEGAL ACTION AND THE PAYMENT OF TUITION**

I \_\_\_\_\_ reside at \_\_\_\_\_ with student(s)  
Parent/Guardian Name (Last, First, Middle) Address (Street #, Town and ZIP Code)

\_\_\_\_\_  
Student Name (Last, First, Middle)

\_\_\_\_\_  
Student Name (Last, First, Middle)

\_\_\_\_\_  
Student Name (Last, First, Middle)

\_\_\_\_\_  
Student Name (Last, First, Middle)

Who is (are) my \_\_\_\_\_  
(Relationship)

I certify that this is intended to be a bona fide permanent address at which my child will be living and that I am not providing payment for having my child reside with anyone.

If you have any questions please contact me at ( \_\_\_\_\_ )  
(Telephone Number)

..... Sign only in presence of Notary .....

Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

State of Connecticut  
County of \_\_\_\_\_ ss. ( \_\_\_\_\_ )

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the Undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) (is or are) subscribed to the within instrument and acknowledged that (he, she or they) executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and stamp or seal.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date Commission Expires