

**Hoosac Valley Regional School District**

**49 PARK STREET  
ADAMS, MA 01220  
(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:**

\_\_\_\_\_ Street Number & Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**Father/Guardian’s Actual Residential Address:**

\_\_\_\_\_ Street Number & Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

**Mother/Guardian’s Actual Residential Address:**

\_\_\_\_\_ Street Number & Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code

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)