



## DARTMOUTH PUBLIC SCHOOLS

8 Bush Street, Dartmouth, MA 02748

Phone: 508-997-3391 Fax: 508-991-4184 Website: www.dartmouth.school

### CHANGE OF ADDRESS FORM

STUDENT NAME:

DATE OF BIRTH:

PRIMARY PARENT/GUARDIAN NAME:

PRIMARY PARENT/GUARDIAN ADDRESS:

SECONDARY PRIMARY PARENT/GUARDIAN NAME:

SECONDARY PRIMARY PARENT/GUARDIAN ADDRESS:

**STUDENT LIVES WITH:** Both parents Mother only Father only Grandparents Mother/Stepmother  
Father/Stepfather Guardian Foster parent Agency Self Ward of state  
Other \_\_\_\_\_

CURRENT SCHOOL NAME:

STUDENT'S OLD ADDRESS:

TELEPHONE NUMBER:

STUDENT'S NEW ADDRESS:

TELEPHONE NUMBER:

PRIMARY PARENT/GUARDIAN SIGNATURE:

DATE:



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*It is the Dartmouth Public Schools' goal to preserve the limited classroom space for Dartmouth residents, by safeguarding the credibility of the residency requirements set forth by the Dartmouth School Committee.*

Before your child/ren is invited to attend the Dartmouth Public Schools, he/she must live with his/her parent(s) or legal guardian(s) in Dartmouth. Guardianship consists of a legal document from a court or other legal agencies.

- Registrations will not be accepted unless a valid Massachusetts Driver's License or a Massachusetts ID issued by the Registry of Motor Vehicles with your current address has been provided along with three (3) forms of proof of residency listed below:**

**One form from each column specifying the parent/guardian's residency/address must be provided**

**(For Column A, if the family is currently living with a family member or a friend, a Landlord Affidavit must be completed and copy of their deed or mortgage statement must be provided)**

Column A	Column B	Column C																																																		
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### Important Required Documents

- Custody Agreement

### Important Notes

- If your residency changes within the school year, you must provide that information to the school in order for your child/ren's records to be properly transferred to the new school in a timely manner.
- These residency requirements would not apply to children who are homeless or in foster care.



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## SCHOOL BUS TRANSPORTATION CHANGE FORM

Student Name:	School	Grade
Student Address:		
Teacher's Name:	Date of Change:	
Primary Parent/Guardian Name:		
Secondary Primary Parent/Guardian Name:		

**Instructions:** Please list any addresses that your child will be taking traveling to/ from throughout the week.  
*If a bus route is available, students may ride the bus to and from a location other than their home address.*

Morning Bus	Morning Bus	Morning Bus	Morning Bus	Morning Bus
Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Starting Address:	Starting Address:	Starting Address:	Starting Address:	Starting Address:
<i>Office Use Only</i> Bus Route Number:	<i>Office Use Only</i> Bus Route Number:	<i>Office Use Only</i> Bus Route Number:	<i>Office Use Only</i> Bus Route Number:	<i>Office Use Only</i> Bus Route Number:
Bus Stop:	Bus Stop:	Bus Stop:	Bus Stop:	Bus Stop:

Afternoon Bus	Afternoon Bus	Afternoon Bus	Afternoon Bus	Afternoon Bus
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Starting Address:	Starting Address:	Starting Address:	Starting Address:	Starting Address:
<i>Office Use Only</i> Bus Route Number:	<i>Office Use Only</i> Bus Route Number:	<i>Office Use Only</i> Bus Route Number:	<i>Office Use Only</i> Bus Route Number:	<i>Office Use Only</i> Bus Route Number:
Bus Stop:	Bus Stop:	Bus Stop:	Bus Stop:	Bus Stop:

Does not take Bus AM	Does not take Bus AM	Does not take Bus AM	Does not take Bus AM	Does not take Bus AM
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Does not take Bus PM	Does not take Bus PM	Does not take Bus PM	Does not take Bus PM	Does not take Bus PM
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday



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## RESIDENCY AFFIDAVIT – LANDLORD/SHARED TENANCIES

Any applicant seeking to have their child(ren) attend the Dartmouth Public Schools who cannot produce a property deed or lease must have the owner/property manager of the property where the applicant lives complete and sign this legal affidavit. It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payment, **unless this affidavit affirms in #3 below that the tenancy does not require rent payment.**

My name is \_\_\_\_\_, and I hereby depose and certify as follows: (Please complete all three items and sign below).

- I am the owner/property manager of the property located at \_\_\_\_\_ in Dartmouth.
- \_\_\_\_\_, who is the primary parent/legal guardian of \_\_\_\_\_ leases/rents this property as their principal residence as a tenancy at-will, from month to month.
- CHECK ONE:**  I have received within the last thirty (30) days rental payment for the lease/rent of said premises.  
 I hereby state that the above-named party resides with me at the address above with no rental payment and no utility bills.

**This Residency Affidavit is only valid for one school year. I acknowledge that this residency affidavit must be renewed yearly.**

\_\_\_\_\_  
Signature of Primary Parent/Legal Guardian

\_\_\_\_\_  
Signature of owner/property manager

As the owner/property manager, I understand that this affidavit will be relied upon by the Dartmouth Public Schools for the purpose of determining the above student’s eligibility to attend the Dartmouth Public Schools on the basis of residency. **If said student is enrolled in the Dartmouth Public Schools based upon information contained in this affidavit and it is subsequently determined that the student does not actually reside in Dartmouth, I/we understand that the student’s enrollment in the Dartmouth Public Schools will be promptly terminated and I/we will be jointly liable to the Dartmouth Public Schools for the student’s tuition for the duration of the student’s attendance in the Dartmouth Public Schools.**

\_\_\_\_\_  
Initial owner/property manager

Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature of owner/property manager:	
Print Name of owner/property manager:	
Print owner/property manager address (including City, State, Zip)	
Phone number of owner/property manager	
Email Address of owner/property manager	

## COMMONWEALTH OF MASSACHUSETTS

BRISTOL, ss.

Date \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Note: The information contained in this legal affidavit is subject to verification by a residency investigator.**