



WOODBIDGE SCHOOL DISTRICT AFFIDAVIT OF PARENT / LEGAL GUARDIAN

I hereby certify that _____ is my _____
(Student's Name) (Relationship)

moreover, that h/she resides with _____ who is _____
(Name of person) (Relationship/s)

at _____ / _____
(Street Address) (Telephone #)

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

As a parent/guardian of the student named on this form, and as a resident of the Town of Woodbridge, I authorize representatives of the Woodbridge School District to verify this information and I attest to the accuracy of the information contained in this form. I understand falsification of any information or documents required for this verification will result in revocation of registration of the student(s) and that the Woodbridge Board of Education may, in its sole discretion, exclude the child from the Woodbridge School District for the balance of the school year.

I understand that the Woodbridge School District may pursue legal remedies against the parent/ with whom the child resides, including but not limited to collecting tuition (plus any additional costs that may apply for Special Education) for the period of unauthorized attendance from the parent/guardian as provided in Connecticut General Statutes, Section 10-186(b)(4). The tuition charge(s) may be imposed for the current school year or for any past year in which the child was enrolled in Woodbridge School District.

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut. I also understand that this document may be used in a court of law as evidence against me.

Date: _____

Signature: _____

Print Name: _____