

WOODBRIDGE SCHOOL DISTRICT AFFIDAVIT OF LEGAL RESIDENT / GUARDIAN

I hereby certify that	is my	
(Student's Name)	(Relationship)	
moreover, that they legally reside with me at		
	/	
(Street Address)	(Telephone #)	
I further certify that this is intended as a bona fide permanent a me days and nights per week, and that I a reside with me, and that the above named child is not residing accommodations. I certify that this student is residing with me	m not receiving payment for having this student with me for the sole purpose of obtaining school	
As a guardian and/or the resident with whom the the student not Town of Woodbridge, I authorize representatives of the Wood and I attest to the accuracy of the information contained in this information or documents required for this verification will result that the Woodbridge Board of Education may, in its sole of School District for the balance of the school year.	bridge School District to verify this information s form. I understand falsification of any sult in revocation of registration of the student(s)	
I understand that the Woodbridge School District may pursue resident with whom the child resides, including but not limited that may apply for Special Education) for the period of unauth resident with whom the the student named on this form resides Section 10-186(b)(4). The tuition charge(s) may be imposed for which the child was enrolled in Woodbridge School District.	I to collecting tuition (plus any additional costs orized attendance from the guardian and/or the sas provided in Connecticut General Statutes,	
I understand that a perjured or fraudulent statement may lead of the State of Connecticut. I also understand that this documents against me.	¥ •	
If you are the legal guardian of the student, please provide the your authority below:	document and indicate the date and source of	
DateAuthority		
Signature of Resident/Guardian		
Print Name		