LYME-OLD LYME SCHOOLS

Regional School District #18

A Private School Experience  ***in a Public School Setting***

DECLARATION OF LEGAL RESIDENCY
Family Members Living with Relatives or Family Friends
To be completed by property owner

Property Owner: _____
Name of Property Owner – Please print

If the living arrangement of the student should change from what is stated on this form, it is the responsibility of the property owner to notify the Office of the Superintendent within five (5) business days in writing.

_____
Signature of Property Owner – **Sign in the Presence of Notary Public**

Property Address: _____
Phone Number: _____ Email: _____

The Property Owner must accompany the parents to the meeting with the Superintendent of Schools to present this document.

Children and Family Member living with Property Owner

Adult #1 _____ Adult # 2 _____
Child #1 _____ Child # 2 _____
Child #3 _____ Child # 4 _____

I am making the above statements as a true and bona fide representations, I fully understand that if I make a statement that is false and which is intended to mislead a public servant in the performance of his/her function, I will be in violation of Section 53-157b of the Connecticut General Statutes. The section of the law refers to making a fraudulent statement is a **Class A misdemeanor** and is punishable by a fine, not to exceed $1,000, and/or up to one year of incarceration.

I further understand that I may be required to update this information at any time and agree to do so upon request from the Region #18 Board of Education. I may be made to pay for services received if such services were delivered under fraudulent statements and/or circumstances.

NOTARIZED SECTION

On this date _____ _____ appeared before me personally
Month/Day/Year Print Name of Property Owner

to be known as the individual described herein, and who executed this foregoing document, and he/she duly acknowledged to me under oath to the truth of his/her statement, before me.

_____ _____ **SEAL**
Signature of Notary Public Commission Expiration Date

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This form is to be completed by the custodial parent, guardian and student (where applicable). Once the forms are completed and notarized, a meeting with the Superintendent should be scheduled. Call 860-434-7238.

PLEASE FILL IN ALL BLANKS

School: _____ Grade: _____

Student's Name: _____ Address: _____

Home telephone number: _____ Name under which number is listed: _____

Name of student's father: _____ Father's address: _____

Street, town, zip

Name of student's mother: _____ Mother's address: _____

Street, town, zip

Please answer the following questions:

- Is remuneration to be received for housing the student, i.e., room, board, travel, medical?
  ☐Yes (please specify) ☐No
- List major reasons for the child residing in _____ :

  _____

  Name of person(s) having direct and primary responsibility/authority of the student's daily affairs:

  _____
- Name of person(s) authorized to act in child's behalf concerning any medical, disciplinary or administrative matters:

  _____

Signature (Parent/Legal Guardian) _____ Date : _____

I hereby declare under the penalties of perjury that all of the information supplied on this form is correct to the best of my knowledge. I understand that if any of the information is incorrect, and the student is not entitled to enroll tuition-free as a Lyme-Old Lyme resident, the student shall be discharged from enrollment in the Region #18 Public Schools according to the Connecticut General Statutes, Section 10-186 and 10-253, and the prevailing tuition charge for such student will be assessed against me and/or us for each day the student was so enrolled.

NOTARIZED SECTION

On this date _____ _____ appeared before me personally
Month/Day/Year Print Name of Property Owner
to be known as the individual described herein, and who executed this foregoing document, and he/she duly acknowledged to me under oath to the truth of his/her statement, before me.

_____ _____ **SEAL**

Signature of Notary Public Commission Expiration Date

Once this document is completed and notarized, a meeting with the superintendent must be scheduled before enrollment is completed.

Superintendent's Approval: _____ Date: _____