

CONFIDENTIAL

RESIDENCY AFFIDAVIT

The Stonington Public Schools, pursuant to Section 10-253(d) of the Connecticut General Statutes, requires this form to be completed for any student who claims residence in Stonington and *is not residing with his or her parent(s) and whose parents are not residing in Stonington*. The student, parent and person with whom the student is living must fill out this form together.

Date _____

1. Student's Name _____ DOB: _____
(Last) (First) (Middle)

2. Student's Stonington Address _____
(No. and Street)

3. Name of Person With Whom Student Lives _____
Relationship _____
Address _____
(No. and Street)
Telephone _____

4. Date Student Moved to Stonington _____
(Month) (Day)(Year)

5. Student's Former Address _____
(No. and Street) (Town) (State)

6. Former School _____ Grade _____

7. Name of Student's Father _____
Father's Address _____
(No. and Street) (Town) (State)

Telephone _____

8. Name of Student's Mother _____

Mother's Address _____
(No. and Street) (Town) (State)

Telephone _____

9. Name and Address of Student's Court Appointed Legal Guardian, if Applicable:

PARENT'S STATEMENT

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

and he/she resides with _____ who is _____
(Name of Person) (Relationship)

at _____
(No. Street) (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 in order to have my child reside with _____ to attend school in the Stonington Public Schools.

I further certify that my son/daughter is not living with me because _____

As a parent of the student named on this form, and as a nonresident of the Stonington School District, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Stonington, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the Town of Stonington, in which event the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending the Stonington Public Schools illegally, the Stonington Public Schools reserves the right to recover the costs for such education from me, the undersigned.

I declare under penalty of perjury under the laws of Connecticut that the information provided is true and correct and of my own personal knowledge.

I also understand that this document may be used in a court of law as evidence against me.

OPTIONAL: I hereby certify that the said _____ has
(Person's Name)

full right to act in my child's behalf concerning any and all school disciplinary, administrative, and medical matters.

Witness (Notary Public) Date Signature Date

HOST'S STATEMENT

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

and that he/she legally resides with me at _____ (No. and Street) in Stonington. I further certify that this is intended as a bona fide permanent address, that this child will be living with me _____ days and _____ nights per week, and that I am not receiving payment for having this child reside with me in order to attend school.

I certify that this child is residing with me because _____

As the host of the student named on this form, and as a resident of the Stonington School District, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Stonington, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the Town of Stonington in which event the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending the Stonington Public Schools illegally, the Stonington Public Schools reserves the right to recover the costs of such education from me, the undersigned.

I declare under penalty of perjury under the laws of Connecticut that the information provided is true and correct and of my own personal knowledge.

I also understand that this document may be used in a court of law as evidence against me.

* * If you are the guardian of the student, please indicate the date and source of your authority:

Date _____ Authority _____

OPTIONAL: I, _____, understand
(Name of Person)
that I have full responsibility for this student concerning any and all school disciplinary, administrative, and medical matters.

Witness (Notary Public) _____ Date _____ Signature _____ Date _____