# SALEM SCHOOL DISTRICT Salem, Connecticut

### STUDENTS

### PROOF OF RESIDENCY PROCEDURE

#### AFFIDAVIT FOR PURPOSE OF RESIDENCY

### LOCAL RESIDENT

	E OF CONNECTICUT)		
COUN	) SS: TY OF)		
Person	ally appeared, who made oath to the following:		
1.	I am a resident of the Town of, State of Connecticut. My residence is located at		
	(street address)		
2.	A child by the name of currently resides with me at the address stated above.		
3.	. I receive no payment for providing such residence.		
4.	I intend such residence to be permanent.		
5.	Such residence is not for the sole purpose of obtaining school accommodations.		
the abo by me for a sh of Sale full tim no long be atte	(name of local resident/relative, etc.), certify that ove names student(s) reside with me at the above listed address in a residence owned or occupied in the town of Salem. I realize that if I make a false statement as to residency, I may be held liable hare of the cost for the education of the said student(s) if he/she in fact does not reside in the town m, in which event I agree to notify the school immediately regarding termination of the student's ne physical presence (permanent residency) in the town of Salem, in which event the student will ger be eligible for free school privileges. Finally, I understand that should the student be found to noting a Salem school illegally, the town of Salem reserves the right to recover the costs of such on from the undersigned.		
named under	rstand that a perjured, false or fraudulent statement may lead to the disenrollment of the above student(s) and possible legal action to obtain tuition costs, and may also lead to my prosecution the criminal statutes of the State of Connecticut for perjury and/or false statements. I also tand that this documentation may be used as evidence in a court of law.		
~	Local Resident		
before r	bed and sworn to ne, this day		
 Notary	Public		

Jlk

# SALEM SCHOOL DISTRICT Salem, Connecticut

#### AFFIDAVIT FOR PURPOSE OF RESIDENCY

## PARENT OR GUARDIAN

	E OF CONNECTICUT)
COUN	) SS: TY OF)
Person	ally appeared, who made oath to the following:
1.	I am a of  (parent) (guardian) (name of child)
2.	I reside at in the town of,  (street address)  State of
3.	does not currently reside with me.  (name of child)
4.	It is my intention that reside with
	It is my intention that reside with (name of child) (name of person)  of the town of, State of Connecticut, and that such residence is permanent.
5.	I do not now pay nor I intend to pay for providing such (name of person) residence.
6.	Such residence is not for the sole purpose of obtaining school accommodations.
educati agree t (perma school	the that if I make a false statement as to residency, I may be held liable for a share of the cost for the ion of the said student(s) if he/she in fact does not reside in the town of Salem, in which event I to notify the school immediately regarding termination of the student's full time physical presence ment residency) in the town of Salem, in which event the student will no longer be eligible for free privileges. Finally, I understand that should the student be found to be attending a Salem school y, the town of Salem reserves the right to recover the costs of such education from the igned.
named under	rstand that a perjured, false or fraudulent statement may lead to the disenrollment of the above student(s) and possible legal action to obtain tuition costs, and may also lead to my prosecution the criminal statutes of the State of Connecticut for perjury and/or false statements. I also tand that this documentation may be used as evidence in a court of law.
of	Parent of Guardian  bed and sworn to me, this day
Notary jlk	Public

# SALEM SCHOOL DISTRICT Salem, Connecticut

#### CERTIFICATION OF RESIDENCY

(For families living with someone who use the Owner/Tenant of Residence in Salem)

School: Salem School	School Year:
As part of our residency verification process, residence in Salem, verify that:	, we are requesting that you as the Owner/Tenant of
Student(s):	
and his/her parent(s)/guardian(s):	
reside with you at: (list address and, if ap	plicable, the apartment/unit number)
listed address in a residence owned or occumake a false statement as to residency, I education of the said student(s) if he/she in event I agree to notify the school immediate physical presence (permanent residency) in the longer be eligible for free school privileges found to be attending a Salem school illegate the costs of such education from the undersign I understand that a perjured, false or fraudulent named student(s) and possible legal action to obtain	at statement may lead to the disenrollment of the above btain tuition costs, and may also lead to my prosecution connecticut for perjury and/or false statements.— I also
Signed:	Dated:
	Dated:
Sworn to and subscribed to before me on this	sday of 200
	Commissioner of the Superior Court Notary Public

If you have any questions about this form, please contact the Superintendent's Office at 860-892-1223.

Revised Procedures Adopted: March 20, 2006 Revised Procedures Adopted: April 7, 2014