Goodwin University

Magnet School System

Non-Hartford Residency Verification Form

Please bring this form, along with appropriate Proof of Residency documentation, to the Board of Education (BOE) in the town in which you live to verify your address, then return it to the Goodwin Magnet School that your child attends.

Registration for:

☐ *Riverside Magnet School at Goodwin College* **Fax: 860-709-6897**	☐ *Connecticut River Academy* **Fax: 860-216-9641**
☐ *Middle School Program at Connecticut River Academy* **Fax: 860-437-1585**	☐ *Early College Advanced Manufacturing Pathway* **Fax:**

Student Name: _____ Age: _____ DOB: _____

Grade Entering: _____ Parent/Guardian Name: _____

Parent Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

The above information is correct and accurate.

_____ _____

Parent/Guardian Signature Date

<u>This section is to be completed by the School District that student resides in:</u>

This verifies that _____ resides in the _____ School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Phone Number: _____

Date: _____

(District Stamp)

Goodwin University

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Formulario de Verificación de Residencia

Lleve este formulario junto con la documentación apropiada de Prueba de residencia a la Junta de educación del pueblo en el que vive para verificar su dirección y luego devuélvalo a la escuela Goodwin Magnet School a la que asiste su hijo.

Registration for:

☐ *Riverside Magnet School at Goodwin College* **Fax: 860-709-6897**	☐ *Connecticut River Academy* **Fax: 860-216-9641**
☐ *Middle School Program at Connecticut River Academy* **Fax: 860-437-1585**	☐ *Early College Advanced Manufacturing Pathway* **Fax:**

Nombre del Estudiante: _____ Edad: _____ Fecha de Nac.: _____

Grado Entrante: _____ Nombre del Padre/Encargado: _____

Dirección Completa: _____

Tel. de Casa: _____ Tel. Celular: _____

Tel. del Trabajo: _____ Correo Electrónico: _____

La información anterior en correcta y precisa.

_____ _____

Firma del Padre / Tutor Fecha

This section is to be completed by the School District that student resides in:
Esta sección debe ser completada por el distrito escolar en el que reside el estudiante.

This verifies that _____ resides in the _____ School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Phone Number: _____

Date: _____

(District Stamp)