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 LEARN school that your child attends.

***please visit our website at:**
https://www.learn.k12.ct.us/what-we-do/learn-hubs/magnet-school-office/district-residency-verification-information
for specific requirements for your District of Residence.

Districts require proof of residency to verify and accept your child's enrollment in a magnet school.

Registration for:

☐ *The Friendship School*
Fax: 860-447-4056

☐ *Regional Multicultural Magnet School*
Fax: 860-437-1585

☐ *Marine Science Magnet High School*
Fax: 860-446-9381

☐ *Three Rivers Middle College Magnet High School*
Fax: 860-215-9913

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

This section is to be completed by the School District that student resides in:

This verifies that _____ resides in the _____ School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Phone Number: _____

Date: _____ _____
(District Stamp)

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 LEARN a la que asiste su hijo.

***Por favor visite nuestro sitio web en:**
https://www.learn.k12.ct.us/what-we-do/learn-hubs/magnet-school-office/district-residency-verification-information
para requisitos específicos para su Distrito de Residencia.

Los distritos requieren prueba de residencia para verificar y aceptar la inscripción de su hijo en una escuela magnet.

Registration for:

☐ *The Friendship School* **Fax: 860-447-4056**	☐ *Marine Science Magnet High School* **Fax: 860-446-9381**
☐ *Regional Multicultural Magnet School* **Fax: 860-437-1585**	☐ *Three Rivers Middle College Magnet High School* **Fax: 860-215-9913**

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/Encargado Fecha

This section is to be completed by the School District that student resides in:

This verifies that _____ resides in the _____ School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Phone Number: _____

Date: _____ _____
(District Stamp)