

Westford Public Schools Annual Residency Verification Acknowledgment for Renters

Student and Parent/Caregiver Information

Registration Date:	
Parent/Caregiver(s) Full Name:	
Student Name(s) and DOB:	
Address of Record:	
Residency Type (check one):	Rental Cohabitate Live with Family Other: _____ (_____ initials of WPS Staff)

Residency Verification Acknowledgment

I/We, the undersigned Parent(s)/Caregiver(s) of the student(s) named above, understand and acknowledge the following conditions regarding my/our student's enrollment in the Westford Public Schools:

1. **Residency Requirement:** Continued enrollment is contingent upon maintaining continuous, bona fide residency at the Westford address listed above.
 2. **Annual Verification:** I/We understand that the Westford Public Schools Administration is required to **annually verify** the continued residency of all students whose enrollment is based on a rental agreement or cohabitation affidavit.
 3. **Submission of New Lease:** I/We agree to promptly provide the school district with a copy of any new or renewed lease or rental agreement as soon as it is executed.
 4. **Consequence of Non-Compliance:** I/We understand that failure to maintain a current rental agreement or refusal to authorize contact with the landlord may lead to a review of the student's residency status and potential withdrawal from Westford Public Schools.
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Signature

By signing below, I/we affirm that I/we have read, understand, and agree to the terms outlined in this Acknowledgement of the required Annual Residency Verification.

- **Parent/Caregiver(s) Signature:** _____
 - **Date:** _____
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