



PARENT & SPONSOR AFFIDAVIT

NOTE: This form needs to be completed and signed by the Parent & Sponsor

I, _____ hereby appoint and authorize _____
(Parent/Guardian) (Sponsor's Name)

to exercise concurrently any and all rights and responsibilities in making decisions with regards to
_____ who is my _____. Moreover, that he/she legally resides at
(Student's Name) (Relationship)

(Address) / _____
(Telephone Number)

I further certify that this is intended as a bona fide permanent address, that this student will be living with him/her, and that he/she is not receiving payment for having this student with him/her, and that his/her sponsorship is not for the sole purpose of obtaining school accommodations. I certify that this student is residing with him/her because

As the sponsor of the student named on this form, and as a resident of the Town of Norwalk:

- I attest to the accuracy of the information contained in this form.
- I certify that, as a permanent resident of the Town of Norwalk, the student is eligible for free school privileges.
- I agree to notify the school, within 15 days of termination of the student's permanent residency in the Town of Norwalk, in which event, the student will no longer be eligible for free school privileges.
- I understand that, should the student be found to be attending the Norwalk Public Schools illegally, the Town of Norwalk reserves the right to recover the costs of such education from me, the undersigned.
- I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut. 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:

Signature of Parent/Guardian _____ Print name _____

Signature of Sponsor _____ Print name _____

State of Connecticut:

County of _____ ss. (_____)

On this the ____ day of _____, 20____, before me, _____, the Undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) (is or are) subscribed to the within instrument and acknowledged that (he, she or they) executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and stamp or seal.

Signature of Notary Public

Date Commission Expires: _____