



Residency Affidavits

New Enrollee/Student Transfer/Change of Address

Parent/Legal Guardian Statement

I, _____, the parent or legal guardian of
Print Name

_____, _____ Clinton, CT
Student's Name Address

certify that the above name student lives full time (typically 7 days/week) at the above address. The telephone number at that address is (_____) _____ - _____ and the telephone number in an emergency is (_____) _____ - _____. Grade: _____

This information and the documents provided are accurate. I authorize representatives of the Clinton Public Schools to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student, and may lead to liability for tuition and to criminal penalties for fraud.

Parent/Guardian Signature: _____ Date: _____

For Transfers Only

Current School (send records) _____ New School _____

For Office Use Only

In order to verify district residency, the student over 18, parents or guardians, or an emancipated minor must sign above and provide documents from any of the items listed below:

- Copy of one of the following at an address within the district and in the parent(s)/guardian(s)' or student's name.
 - Deed to home or dated rental agreement showing parent(s)/guardian(s)' or student's name
 - Escrow papers or signed mortgage commitment
 - Current utility or telephone bill
 - Notarized letter from landlord or owner acknowledging parent(s)/guardian(s)' or student's residence.
- Certification of Residence (attached) and affidavits completed by person with whom family/student reside. Verification visit by residency confirmation staff may follow. Student may attend school.
- Verification visit by residency confirmation staff (for situations not covered by 1 and 2). Child may not attend school.

Documents reviewed by: _____ Date: _____



Verification of Residence

Certification of Residence

(For student/family living in other than a rental dwelling)

Date: _____

As part of our residency verification process, we are requesting that you as the landlord/owner of or the family residing at the following Clinton address, provide this notarized statement verifying that:

Name of Student: _____

Name(s) of Parent(s): _____

Resides at the following address: _____, Clinton, CT.

I, _____, certify that the named student and

parent(s) live/rent, reside with me at the above-listed address in a home owned or occupied by me.

I realize that if I make a false statement as to residency, I may be held liable for a share of the cost for the education of said student if they, in fact, do not reside in Clinton.

I understand that my failure to respond to this request, or that a perjured or fraudulent statement may lead to the disenrollment of the above-named student. In addition, the parent(s) may be prosecuted under the criminal statutes of the State of Connecticut. I also understand that this document may be used as evidence in a court of law.

I agree to immediately notify the Clinton Public Schools if the above-described student ceases to reside at this address.

Signed: _____ Date: _____

Signed and sworn to before me on this _____ day of _____, 20____

Notary Public

If you have any questions, regarding this form, please contact _____,

at Clinton Public Schools. Telephone: _____



Date: _____

Student: _____

Date of Birth: _____

Dear: _____

In order for a student to attend public school in Clinton, the student's parent(s) or legal guardian(s) must live in Clinton or you, the parent, must officially establish that your child resides in Clinton with "another person" under the following conditions:

1. Residency with another person is intended to be permanent.
2. Residency is provided without pay from the child's family.
3. Residency is not for the sole purpose of obtaining school accommodations in Clinton Public Schools.
4. The other person signs a notarized affidavit (Host's Statement) that your child is residing with them.
5. You, the parent, submits a notarized Parent's Statement and Residency Affidavit.

Attached is a three-page form entitled *Residency Affidavit* which contains the parent(s) and host statement. Please fill them out completely, having the parent's and host's statement notarized. Please schedule an appointment with the residency coordinator within ten days to review this information.

Unless we receive documents that prove the student does have a permanent address in Clinton, we will begin disenrollment proceedings.

Sincerely,

Clinton Public Schools



Verification of Residence

Residency Affidavit

The Clinton Public Schools, in compliance with statute 10-253(d) of the State of Connecticut, requires this form to be completed for any student who claims residence in Clinton and is not residing with his or her parent(s) and whose parents are not residing in Clinton. This form is required when there is a question about the child's actual residence. The student, parent and person with whom the student is living must fill out this form together.

Date: _____ Date of Birth: _____

Student's Name: _____
(Last) (First) (Middle)

Student's Clinton Address: _____
(Number and Street)

Name of Person with Whom Student Lives: _____

Relationship to Student: _____

Address: _____
(Number and Street)

Telephone: _____

Date Student Moved to Clinton: _____
(Month) (Day) (Year)

Student's Former Address: _____
(Number and Street) (Town) (State)

Former School: _____ Grade _____

Father's Name: _____

Father's Address _____
(Number and Street) (Town) (State)

Telephone: _____

Mother's Name: _____

Mother's Address _____
(Number and Street) (Town) (State)

Telephone: _____

If applicable, name, address and telephone number of student's court-appointed legal guardian:



Verification of Residence

Parent's Statement

I hereby certify that _____ is my _____
(Student's Name) (Relationship)

and he/she resides with _____ who is his/her _____
(Name of Person) (Relationship)

at _____, Clinton, CT. Telephone: _____
(Number and Street) (Telephone Number)

I further certify that this is intended to be a bona fide permanent address at which my child will be living for _____ days and _____ nights per week and that I am not providing payment for having my child reside with _____.

I further certify that my son/daughter is not living with me because _____

As a parent of the student named on this form and a non-resident of the town of Clinton, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the town of Clinton, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the town of Clinton, in which event, the student will no longer be eligible for free school privileges. Finally, I understand that should the student be found to be attending Clinton Public Schools illegally, Clinton Public Schools reserves the right to recover the costs for 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.

OPTIONAL: I hereby certify that _____ has full rights to act in my child's behalf concerning any and all school disciplinary, administrative and medical matters.

Parent's Signature

Date

Witnessed by:

Witness (Notary Public)

Date



Verification of Residence

Host's Statement

I hereby certify that _____ is my _____
(Student's Name) (Relationship)

and he/she legally resides with me at _____, Clinton, CT.

I further certify that this is intended to be a bona fide permanent address, that this student will be living with me for _____ days and _____ nights per week and that I am not receiving payment for having this student reside with me. I further certify that this child is residing with me because _____

As a host of the student named on this form and as a resident of the town of Clinton, I attest to the accuracy of the information contained on this form. Further, I certify that as a permanent resident of the town of Clinton, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the town of Clinton, in which event the student will no longer be eligible for free school privileges. Finally, I understand that should the student be found to be attending Clinton Public Schools illegally, Clinton Public Schools 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:

Date: _____ Authority: _____

OPTIONAL: I, _____ understand that I have
(Host's Name)

full responsibility for this student concerning any and all school disciplinary, administrative and medical matters.

Host's Signature

Date

Witnessed by:

Witness (Notary Public)

Date