

STUDENT RESIDENCY AFFIDAVIT Homeless Children & Youth - Parent/Guardian Form

This document is fillable using Adobe Acrobat or can be printed and completed by hand.

Student's Name:			Date of Birth:		
Name and location	of school last atte	ended:			
I,				_ declare and affirm as follows:	
I am of legal age an	nd believe in the c	obligations of an oath.			
	•	iver of		(student)	
Since(date)				(student)	
has not had a perm	anent home. He	she is currently staying at			
		(may list multiple addresses	s if applicable)		
He/she has been sta	aying there since			(date)	
This location is:	a shelter	a motel/hotel	a campsite		
	shared hous	ing with other person(s)	other		
If the location is sha	ared housing with	other persons, please spe	ecify the reason why th	ne student is living in such	
housing:					
Prior to staying at tl	his location, the s	tudent was staying at			
from(date) to				(date)	
I regularly receive my mail at				(address)	
I am currently stayir	ng at the followin	g address(es):			
I plan to stay at this	:/these locations (until		(date)	
I can be reached at	the following tele	ephone number:			
I can be reached by	email at				
I can be reached for	emergencies at				
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I authorize school district officials to contact	
(case worker/shelter staff/other) at	to obtain further
information in order to verify the information contained i	n this affidavit and in order to coordinate
necessary services for the student.	
I declare under penalty of perjury under the laws of Conn	ecticut that the information provided is true
and correct and of my own personal knowledge. I unders	tand that giving false or otherwise untrue
information on this form could result in a criminal charge	of perjury being brought against me.
	AFFIANT,
	Signature of Affiant
	Print Name of Affiant
Subscribed and sworn to before me	
this, 20	
Notary Public	
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