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**AFFIDAVIT FOR MISSING ENROLLMENT DOCUMENTATION**  
**Homeless Children & Youth - Parent/Guardian Form**

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

I, \_\_\_\_\_ being duly sworn upon oath and based on my personal knowledge hereby state and affirm the following information regarding (name of student):

\_\_\_\_\_ 's

missing enrollment documentation for the following:

- |                       |                      |
|-----------------------|----------------------|
| Proof of residency    | Immunization record  |
| Proof of guardianship | School health record |
| Proof of identity     | School records       |
| Birth certificate     |                      |

I am of legal age and believe in the obligation of an oath.

I am unable to present a copy of the document(s) requested above for the following reasons:

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The name and location of the last school the student attended is:

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I understand that I must obtain the necessary immunization and health records and provide a copy to the district. I understand that the homeless liaison is available to assist me in obtaining any such immunization or health records. The homeless liaison is the district's Special Services Director and can be reached at (860) 664-6505 FAX (860) 664-6585.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

AFFIANT,

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Print Name of Affiant