

STUDENT RESIDENCY AFFIDAVIT Homeless Children & Youth – Unaccompanied Youth Form

Student's Name:			Date of Birth:		
Name and location	of school last atte	ended:			
I,			decla	are and affirm as follows:	
I am of school age a	and seeking admi	ssion to the Clinton Pub	ic Schools.		
Since(date) I,				(student	
have not had a perr	manent home. I a	m currently staying at _			
		(may list multiple address	es if applicable)		
I have been staying	there since			(date)	
This location is:	a shelter	a motel/hotel	a campsite		
	shared hous	ing with other persons	other		
	J	other persons, please sp	pecify the reason why you are	e living in such housing:	
from(date) to				(date)	
I regularly receive n	ny mail at		(address)		
I am currently stayir	ng at the followin	g address(es):			
I plan to stay at this	s/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	r emergencies at				

Form: PS059B (1/2022) Ref: Policy 5119

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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	n contained in this affidavit and in order to
coordinate necessary services.	
I declare under penalty of perjury under the laws of	Connecticut that the information provided is true
and correct and of my own personal knowledge. It	understand that giving false or otherwise untrue
information on this form could result in a criminal c	harge of perjury being brought against me.
	AFFIANT,
	Signature of Affiant
	Print Name of Affiant
Subscribed and sworn to before me	
this day of, 20_	
Notary Public	
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