

Dear Parent/Guardian:	
Enclosed is a copy of the Residency Affidavit on file for	as
well as a blank Residency Affidavit Renewal Form.	
Please review the information on the original affidavit, comp signature notarized and return both documents to me.	lete and sign the renewal form, have your
The information must be returned by	(date) in order to assure
's (student) continue	ed enrollment in the Clinton school district.
If you have questions, please contact me at	or by email at
Thank you.	
	School Administrator
Please return to school office or mail to:	

Attachment: Residency Affidavit Renewal Form



## **Residency Affidavit Renewal**

Date:	
I,	certify that the residency
(Clinton Resident)	
affidavit filed on	on behalf of my
	nal Affidavit)
(Relationship)	(Student's Name)
remains in force and that the student continues to	reside with me at:
(Street Address)	, Clinton, CT.
(Silect Address)	
The telephone number at this address is	
	(Signature of Clinton Resident)
Witnessed by:	
·	
(Notary Public)	