



Newtown Public Schools *Verification of Residence*

NEW ENROLLEE/STUDENT TRANSFER/CHANGE OF ADDRESS

Parent/Legal Guardian Statement

I (print name) _____ the parent or legal guardian of (name) _____

(address) _____ certify that the above named student actually lives

full time (typically 7 days per week) at the above address. The telephone number at the same address is

_____ and the telephone number in an emergency is _____.

Grade _____

This information and the documents provided are accurate. I authorize representatives of the Newtown 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 residence, the child over 18, parents or guardians, or an emancipated minor must sign above and provide documents from any of the items listed below.

- ___ 1. Copy of one of the following at address within the district in the parent's or guardian's name:
 - ___ a. Deed to home or dated rental agreement showing student(s) name
 - ___ b. Escrow papers or signed mortgage commitment
 - ___ c. Current utility or telephone bills
 - ___ d. Notarized letter from landlord or owner acknowledging parent/guardian's and student's residence
- ___ 2. Certificate of Residence and affidavits to be filled out by person with whom family and student reside. Verification visit by Residency Confirmation staff may follow; child may attend school.
- ___ 3. Verification visit by Residency Confirmation staff (for situations not covered by 1 and 2); child may not attend school until complete.

Documents seen by: _____ on _____



Newtown Public Schools *Certification of Residence*

[For student(s) living in other than a rental unit dwelling]

Date: _____

Re: _____

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

Name of Student(s) _____

Name of Parent(s) _____

Reside at the following address: _____.

I, _____ certify that the above named student(s) and parents
(local resident/relative/guardian-cross out what does not apply)

live/reside with me at the above-listed address, in a home owned and/or occupied by me at:

_____.

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 the above said student(s) if they, in fact, do not reside in the Town of Newtown, CT.

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(s). 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 Newtown Public Schools if the above-described student ceases to reside at this address.

Signed: _____

Date: _____

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

Notary Public

Please contact Newtown Public Schools, Central Office at (203) 426-7620, if you have any questions regarding this form.



Newtown Public Schools

Residency Affidavit

The Newtown 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 the Town of Newtown and is not residing with his or her parent(s) and whose parents are not residing in Newtown. 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 _____

1. Student's Name _____ DOB: _____
(Last) (First) (Middle)

2. Student's Address in Newtown, CT _____ Telephone # _____
(No. and Street)

3. Name of Person With Whom Student Lives _____

Relationship _____

Address _____ Telephone # _____
(No. and Street)

4. Date Student Moved to Newtown, CT _____
(Month, Day, and Year)

5. Student's Former Address _____
(No. and Street) (Town) (State)

6. Former School _____ Grade _____

7. Name of Student's Father _____

Father's Address _____
(No. and Street) (Town) (State) (Telephone #)

8. Name of Student's Mother _____

Mother's Address _____
(No. and Street) (Town) (State) (Telephone #)

9. Name, Address, and Telephone Number of Student's Court Appointed Legal Guardian,
if Applicable _____

PARENT'S STATEMENT

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

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

at _____
(No. Street, Town, State) (Telephone #)

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 as a nonresident of the Town of Newtown, CT, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Newtown, CT, 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 Newtown, 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 the Newtown Public Schools illegally, the Newtown 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 the said _____ has the full right to act in
(Person's Name)
my child's behalf concerning any and all school disciplinary, administrative, and medical matters.

Parent's Signature Date

Witnessed By:

Witness (Notary Public) Date

HOST'S STATEMENT

I hereby certify that _____ is my _____

(Student's Name)

(Relationship)

and that he/she legally resides with me at _____.
(No. and Street, Town, State)

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

I certify that this child is residing with me because _____

As the host of the student named on this form, and as a resident of the Town of Newtown, CT, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Newtown, CT, 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 Newtown, 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 the Newtown Public Schools illegally, the Newtown 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 full responsibility
(Name of Host)
for this student concerning any and all school disciplinary, administrative, and medical matters.

Host's Signature

Date

Witnessed By:

Witness (Notary Public)

Date



Newtown Public Schools

Date:

RE:

DOB:

Dear _____

In order for a student to attend public school in Newtown, CT, the child's parent or legal guardian must live in Newtown, OR you, the parent, must officially establish that your child resides in Newtown, CT 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 the Newtown Public Schools.
4. The other person signs a notarized affidavit (Host's Statement) that your child is residing with them.
5. You, the parent, submit a notarized Parent's Statement and Residency Affidavit.

Enclosed is a three page form titled "Residency Affidavit" which contains the parent's and host's statement. Please fill them out completely, having the parent's and host's statements notarized. Please schedule an appoint with the residency coordinator within ten days to review this information.

Unless we receive these documents which prove your child does have a permanent address in Newtown, CT, we will begin disenrollment proceedings.

Sincerely,



Newtown Public Schools
Residency Affidavit Renewal

DATE: _____

TO WHOM IT MAY CONCERN:

I _____ CERTIFY THAT THE RESIDENCY
(NAME OF NEWTOWN RESIDENT)

AFFIDAVIT FILED ON _____ ON BEHALF OF MY _____,
(DATE) (RELATIONSHIP)

_____, REMAINS TRUE. THIS STUDENT CONTINUES
(STUDENT'S NAME)

TO RESIDE WITH ME AT _____.
(NO., STREET, CITY, AND STATE)

MY TELEPHONE NUMBER IS _____.

(SIGNATURE OF NEWTOWN RESIDENT)

DATE

WITNESSED BY:

(NOTARY PUBLIC)

DATE



Newtown Public Schools

Date:

Re:

DOB:

Dear _____,

Enclosed is a copy of the Residency Affidavit on file for the above named student as well as a Residency Affidavit Renewal Form.

Please review the information on the original Affidavit, complete the Renewal form, and return both documents to me.

This information must be returned by _____ in order to assure _____
(Date) (Student's Name)

continued enrollment at _____ School.

If you have any questions regarding this request, please feel free to call me at _____.

Sincerely,