

MERIDEN PUBLIC SCHOOLS
MERIDEN, CONNECTICUT

CONFIDENTIAL

RESIDENCY AFFIDAVIT

The Meriden Board of Education, in compliance with Section 10-253(d) of the State of Connecticut, requires this form to be completed for any student who claims residence in Meriden, but is not residing with his or her parents and whose parents are either residing or not residing in Meriden. 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 _____ (Telephone #) _____
(No. and Street)

3. Name of Person with whom student lives _____

Relationship _____

Address _____ (Telephone #) _____
(No. and Street)

4. Student's former address _____ (City) _____ (Zip) _____
(No. and Street)

5. **Date Student Moved _____

6. Former School _____ (City) _____ (State) _____
(Name)

7. Name of Student's Father _____

Father's Address _____ (City) _____ (Zip) _____
(No. and Street)

8. Name of Student's Mother _____

Mother's Address _____ (City) _____ (Zip) _____
(No. and Street)

9. Name and address of Student's Court appointed Legal Guardian, if applicable:

PARENT'S STATEMENT

I, _____, hereby certify that _____ is my son/daughter
(parent name) (student's name)

and he/she resides with _____ who is his/her _____
(Name of person) (relationship)

at _____ (address) _____ (Telephone #)

I further certify that this is intended to be a bonafide permanent address at which my child will be living for _____ days and _____ nights per week (NOT for the sole purpose of education), and that I am not providing payment for having my child reside with the above named person.

I further certify that my son/daughter is not living with me because _____

As a parent of the student named on this form, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the City of Meriden, the student is eligible for free school privileges. I agree to notify schools officials immediately regarding the termination of the student's permanent residency in the City of Meriden, in which even the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending Meriden Public Schools illegally, the City of Meriden 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 _____ has the full right to act in my
(Name of person)
child's behalf concerning any and all school disciplinary, administrative and medical matters.

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY

Parent's Name

Date

Witness (Notary Public or Officer of the Court)

Date

HOST'S STATEMENT

I _____, hereby certify that _____ is my
(Host name) (Student's name)

_____ and that he/she legally resides with me at my residence which is
(relationship)

_____. I further certify that this is intended as a bona fide permanent
(No. and street)

address, that this child will be living with me _____ days and _____ nights per week (NOT for the sole purpose of education), 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 City of Meriden, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the City of Meriden, 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 City of Meriden 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 a Meriden Public School illegally, the City of Meriden 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 service against me.

OPTIONAL: I, _____, understand that I have full responsibility for this
(Name of person)
student concerning any and all school disciplinary, administrative and medical matters.

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY

(Host's signature)

(Date)

Witness (Notary Public or Officer of the Court)

(Date)