

CONFIDENTIAL

STUDENT RESIDENCY AFFIDAVIT

(Required when **only the student** is residing in Bolton, CT)

The Bolton, CT Board of Education, in compliance with statute 10-253(d) of the State of Connecticut, requires this form be completed for any student who claims residence in Bolton, CT and is not residing with his or her parent(s)/guardian(s) and whose parent(s)/guardian(s) are not residing in Bolton, CT. This form is only valid for the current academic school year. It must be completed yearly and approved yearly by the District Board of Education Office. If it is not renewed yearly or the student's parent(s)/guardian(s) does not establish residency in Bolton, CT, the student may be subject to disenrollment from Bolton Public Schools. Final approval of this affidavit may only be given by the District Board of Education Office. Unusual circumstances may only be granted by the District Board of Education Office. This form has three (3) parts and **must** be completed in its entirety and be properly notarized to be considered a valid submission. Prior to any student enrollment, the District must be in receipt of the student's current academic information (including any applicable IEP or 504 documents) and medical immunization records.

1. Student's Name: _____ DOB: _____
(First, middle initial, last)
2. Student's Bolton Address: _____
3. Name of person student is living with: _____
Relationship to student: _____
Address: _____
4. Date student moved to this residence: _____
5. Student's Former Address: _____
6. Student's Former School: _____ Current Grade: _____
Former School Address: _____
7. Name of Parent/Guardian 1: _____
Address: _____
8. Name of Parent/Guardian 2: _____
Address: _____
9. Name and address of student's court appointed legal guardian, if other than Parent/Guardian 1 or 2 above.

A copy of the legal guardianship documents will need to be presented to the school district, if applicable.

PARENT/GUARDIAN STATEMENT

I hereby certify that my child _____, is residing with
(Student's name)

_____ at _____
(Name) (Address)

who is _____.
(Relationship)

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, this residence is not for the sole purpose of education, and that I am not providing payment for having my child reside at this address.

I further certify that my child is not living with me because:

As a parent/guardian of the student named on this form, and as a non-resident of the Town of Bolton, 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 Bolton, 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 Bolton, CT, 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 Bolton Public Schools illegally, the Town of Bolton, CT 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.

Mandatory: I hereby certify that _____ has
(Name of person student is residing with)

full right to act in my behalf concerning any and all school disciplinary, administrative and medical matters.

Witness (Notary Public) Date

Parent/Guardian Signature Date

CUSTODIAN/GUARDIAN STATEMENT

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

and that they legally reside with me at _____
(Address)

_____. I further certify that this is intended as a bona fide permanent address,
(Telephone Number)

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 custodian or guardian of the student named on this form, and as a resident of the Town of Bolton, 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 Bolton, 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 Bolton, CT 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 Bolton Public Schools illegally, the Town of Bolton, CT 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 legal guardian of the student, please indicate the date and source of your authority***

Date of Guardianship: _____ Authorizing Agency: _____

(Copies of guardianship documents will need to be provided to the school district prior to enrollment)

I, _____, understand that I have full responsibility
(Name of person student is residing with)

for this student concerning any and all school disciplinary, administrative and medical matters.

Witness (Notary Public) Date

Signature of Custodian/Guardian Date