

SECTION I: STUDENTS

IB6-E(3)

**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 parent(s) 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 _____
(No. and Street) (Telephone #)
3. Name of Person With Whom Student Lives _____
Relationship _____
Address _____
(No. and Street) (Telephone #)
4. Date Student Moved _____
(Month) (Day) (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 and Address of Student's Court Appointed Legal Guardian, if Applicable:

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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. and Street) (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 (not for the sole purpose of education), 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 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 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 the said _____ has _____ (Person's Name) full right to act in my child's behalf concerning any and all school disciplinary, administrative, and medical matters.

Parent's Signature Date

Witness (Notary Public) Date

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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)

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 (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 Meriden Public Schools 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 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
(Name of Person)

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

Host's Signature Date

Witness (Notary Public) Date