5118
APR #1

_____ BROOKFIELD PUBLIC SCHOOLS
_____Brookfield_, Connecticut

AFFIDAVIT FOR PURPOSES OF RESIDENCY
(Student)

STATE OF CONNECTICUT)
)ss:
COUNTY OF FAIRFIELD)

1. I currently reside with

_____
(name of person)

at _____ in the
(street address)

Town of Brookfield, State of Connecticut.

2. I intend my residence with
_____ at
(name of person)

_____

in the Town of Brookfield, State of Connecticut, to be

(permanent) (temporary).
(cross out inapplicable response)

3. Such residence is provided without pay

Subscribed and sworn to
before me, this _____
day of _____, 20_____

_____(L.S.
Student

_____
Notary Public Signature Notary
Seal

5118
APR #2

_____ BROOKFIELD PUBLIC SCHOOLS
_____Brookfield_, Connecticut

AFFIDAVIT FOR PURPOSES OF RESIDENCY
(Local Resident)

STATE OF CONNECTICUT)
)ss:
COUNTY OF FAIRFIELD)

Personally appeared _____, who made oath to the following:

1. I am a resident of the Town of Brookfield, State of Connecticut. My residence is located at _____ _____.
(street address)

2. A child by the name of _____ currently resides with me at the address stated above.

3. I receive no pay for provided such residence.

4. I intend such residence to be _____(temporary) (permanent).
(cross out inapplicable response)

_____(L.S.
Student

Subscribed and sworn to
before me, this _____
day of _____, 20_____

_____
Notary Public Signature

Notary Seal

5118
APR #3

BROOKFIELD PUBLIC SCHOOLS
Brookfield , Connecticut

AFFIDAVIT FOR PURPOSES OF RESIDENCY
(Parent or Guardian)

STATE OF CONNECTICUT)
)ss:
COUNTY OF _____)

1. I am a (parent) (guardian) of _____.
(cross out inapplicable response) *(name of child)*

2. I reside at _____ in the Town of
(street address)
_____, State of Connecticut.

3. _____ currently (does not) (does)
(name of child) *(cross out inapplicable response)*
reside with me.

4. It is my intention that _____ reside with

_____ of the Town of Brookfield, State of
(name of person)

Connecticut, and that such residence be (permanent) temporary)
(cross out inapplicable response)

5. I do not now pay nor do I intend to pay

_____ for allowing
(name of person)
to reside with _____(him/her)_____.

_____(L.S.
Parent or Guardian

Subscribed and sworn to
before me, this _____
day of _____, 20_____

Notary Public Signature Notary Seal
_____

5118
APR #4

Brookfield Public Schools
Brookfield, Connecticut

RESIDENTIAL STATUS REPORT AND APPLICATION

School: _____ Date: _____

FOR: 1. Students whose residency in Brookfield is newly established.
2. Students who are applying to attend Brookfield Public Schools, and whose families do not live in the Town of _____

COMPLETED BY: (1) The student applying; (2) The parent; and (3) The _____-based Guardian, "Legal or Consenting."

WHERE: Administrative offices of the school requested with the Unit Administrator present.

FORWARDED TO: The Superintendent of Schools

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1. Name of student:

_____
Last First Middle

2. Brookfield Address:

_____
No. Street Town (Apt. No.)

3. Student's Home Telephone Number in Brookfield: _____

Name under which telephone is listed in (Town): _____

4. When did student move into Brookfield?

_____

5. Former Address:

_____
No. Street Town Apt. No. (if applicable)

6. Where did student attend school last?

_____

Date last attended: _____

7. Name of student's father:

_____
Last First Middle

Father's address _____
No. Street Town Telephone No.

8. Name of student's mother:

_____
Last First Middle

Mother's address _____
No. Street Town Telephone No.

9. Name of student's guardian:

_____
(if applicable) Last First Middle

10. Name of person with whom student is living:

_____

Address of such person in Brookfield

_____

No. Street Town Telephone No.

11. Names of all brothers and/or sisters with ages and addresses (last name need be listed only if different than that of student's last name):

_____

First Age Address

_____

First Age Address

12. To be completed only when student is living in (Town) with a person other than a parent. Replies will be confidential.

Why are you not living with your parents? (Please do not omit, and be specific.)

_____

(If additional space is required, please continue below.)

Do you live with this person seven days a week, twelve months a year, without payment of any kind?
_____ Yes _____ No If no, explain where else you live and during what times of the year:

_____

I UNDERSTAND THAT ESTABLISHING RESIDENCY FOR THIS STUDENT COULD POSSIBLY MEAN VISITS TO HOME ON SATURDAYS AND/OR RECESS PERIODS FROM SCHOOL, INCLUDING THE SUMMER SEASON.

13. Student's Statement: I hereby declare under the penalties of perjury that all of the information supplied on this form by me is correct to the best of my knowledge. I understand that if any of the information is incorrect, I may be withdrawn from the Brookfield Public School requested.

Student's Signature: _____
(Omit if elementary school)

Date: _____ _____
Month Day Year

14. State of Parent, Guardian and Person with whom student is residing in Brookfield:

I hereby declare under the penalties of perjury that all of the information supplied on this form is correct to the best of my knowledge. I understand that if any of the information is incorrect, and the student is not entitled to enroll tuition-free as a Brookfield resident, the student shall be immediately discharged from enrollment in the Brookfield Public Schools, and the prevailing tuition charge assessed against me and/or us for each day the student was so enrolled. I understand that in order to establish residency the attendance officer will visit starting at 7:00 a.m.

_____ _____
Signature of Guardian - Legal or Consenting

_____
Signature of Parent of student applying

_____ _____
Signature of Person "consenting"

Date: _____
Month Day Year

Extra Space for questions 11 and 12 if needed.

TO BE REVIEWED AND RENEWED EACH SCHOOL YEAR

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY

Received: _____ Approved by: _____
Month Day Year Superintendent of Schools