
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) _____.

Parent or Guardian (L.S.)

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

Notary Public Signature

Notary Seal

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 I understand that if any of the information is incorrect, I may be withdrawn from the Brookfield Public School requested.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