Non-resident Students

FORM LETTERS QUESTIONING STUDENT RESIDENCE IN DISTRICT

Date:				
To: Parents, Guardian, Emancipated Minor or Student eighteen (18) years of age or older				
Dear	<u>:</u>			
We believe that the following student/s may not meet residency requirements to attend Brookfield schools. Connecticut State Statutes and Board of Education policies require students to reside within the town and that local student residence is intended to be permanent, provided without pay, and not for the sole purpose of obtaining school accommodations.				
NAME	SCHOOL	GRADE		
The student/s listed above may not meet residency requirements for the following reason or reasons:				
Within five (5) days, we will sen named above, including an affiguardian, the relative or non-relatemancipated minor or eighteen (residency requirements as outli withdraw the student from the	davit of residency to be comp ive with whom the student residents 18) years of age or older. <u>If a</u>	es, and the student if an student does not meet		

Sincerely,

will be denied as of that date.

Sincerely,

Enclosures

Nonre	esident Students		
Date:			
To:	Parents, Guardian, Emanc older	ipated Minor or Student eightee	en (18) years of age or
Dear _	:		
	sed is an affidavit(s) and a cown of Brookfield for the following	questionnaire to be completed to lowing student/s.	show legal residence in
	NAME	SCHOOL	GRADE
	· ·	nue in the Brookfield Public Sch You will be notified in writing	

decision and, if necessary, the date on which the student/s will be withdrawn from schools.

receive the completed affidavits and other information requested, school accommodations

(date within 10 days of mailing this letter) we do not

Non-resident Students

Date:	
То:	Parents, Guardian, Emancipated Minor or Student eighteen (18) years of age or older
Dear_	:
studer	e reviewed the affidavits and other documentation (<i>if applicable</i>) and concur that the nt(s) named below meet(s) residency requirements established by Connecticut es and Board of Education Policies and may continue in Brookfield Public Schools.
We ap	opreciate your cooperation.
Since	rely,

Students Nonresident Students

Date:		
To: Parents, Guardian, Emancipa	ated Minor or Student eighteen (18) years of age or older
Dear		
Effective accommodations will no longer below:	date within 10 days of pe provided in the Town of Bro	
NAME	SCHOOL	GRADE
No written response rece other documentation Affidavit and/or documen	hool attendance is: t your child no longer resides in to ived to our request for complete tation is not adequate to prove and Board of Education policy.	tion of affidavits and/or
You have the following rights who		or reasons of residence:
withdrawal) you request in will provide you a hearing If you make a timely require in schools pending the outous of the hearing with transcript of the hearing with the will be with the will be will be with the will be will be will be with the will be wi	rd of Education. If prior to (Da. n writing a hearing by the Board within ten (10) days of its receip test for Board hearing, the studer come of the Board of Education has the Board of Education hearing ithin thirty (30) days of your requirement of the Board of Education make Board's decision to the State Is, the student/s may continue in Board appeal to the State Board of Education of Education of Education in appeal to the State Board of Education in appeal to the State Board of Education in	of Education, the Board of the written request. Int/s named may continue hearing. If you will be provided a mest. If you will be

If the decision by the State Board of Education supports a Board of Education denial of

student accommodations, you will be liable for a per diem payment of tuition for each day the student/s attended schools. (*Currently* \$____ per day)

Sincerely,

Non-resident Students	N	์กท-	resi	den	t S	Strid	leni	tc
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Date:	
То:	Parents, Guardian, Emancipated Minor or Student eighteen (18) years of age or older
Dear _	:
resider	receipt of your request for a hearing before the Board of Education on a student acy issue, the Board of Education has scheduled a hearing as outlined in the ment entitled Board of Education Notice of Hearing .
Sincer	ely,

Enclosure

Non-resident Students

Date:

TO: Parents, Guardian, Emancipated Minor or Student eighteen (18) years of age or older

BOARD OF EDUCATION NOTICE OF HEARING

1.	Person/s requesting Hearing:	Name:
		Address:
		Telephone:
2.	Date and time of Hearing:	
3.	Place of Hearing:	
4.	Nature of Hearing	Determination of student/s residency
5.	Statutes and Regulations involved:	
	Section 10-186 CGS Duties of local and regional boards of education re school attendance. Hearings. Appeals to state board. Establishment of hearing board. Section 10-187 CGS Appeal from finding of hearing Board Section 4-177 CGS Contested cases. Notice. Record.	Section 4-178 CGS Evidence in contested cases Section 4-179 CGS Proposal for decision. Section 4-180 CGS Final decision to be rendered within ninety days.
6.	A short plain statement of the matters asse	erted:

Nonresident Students

Date:					
То:	Parents, Guardian, Emar older	ncipated Mino	or or Student eig	ghteen (18) years of age or	
Dear .		:			
Follo	wing the recent hearing by t	the Board of E	Education on a rea	sidency question involving:	
	NAME	S	CHOOL	GRADE	
the Br	rookfield Board of Education	on found the fo	ollowing:		
In acc	e	of the Brookfi	eld Board of Ed	ucation, the student/s named	
	_may continue as a studen	t in Brookfield	l Public Schools		
	must be withdrawn from the Brookfield Public Schools no later than(date within 20 days of mailing this				
	letter) unless an appeal is filed with the Connecticut State Board of Education prior to that time.				
Since	relv.				