

Stafford Public Schools
16 Levinthal Run
Stafford Springs, CT 06076

Residency Affidavit
Confidential

The Stafford Board of Education, in compliance with statute 10-253(d) of the State of Connecticut, requires that this form be completed by the parent/guardian for any student who claims residence in Stafford if 1) the parent/guardian is unable to provide the standard Proof of Residency documents; 2) the child is not residing with the parent/guardian; or 3) there is a question about a child's actual residence.

This form **must be notarized** and submitted along with any other Proof of Residency documents required by Stafford Public Schools.

***Please complete all applicable sections.**

Date: _____

1. Student's Name _____ DOB: _____
(Last) (First) (Middle)

2. Student's Address _____
(No. and Street) (Town) (State) (Telephone No.)

3. Name of Person with whom Student Lives _____
Relationship _____
Address _____
(No. and Street) (Town) (State) (Telephone No.)

4. Name of Student's Father/Guardian _____
Father/Guardian Address _____
(No. and Street) (Town) (State) (Telephone No.)

4. Name of Student's Mother/Guardian _____
Mother/Guardian Address _____
(No. and Street) (Town) (State) (Telephone No.)

6. Date Student Moved to Stafford _____
(Month) (Day) (Year)

7. Student's Former Address _____
(No. and Street) (Town) (State)

8. Former School _____ Grade _____

9. Name and Address of Students Court Appointed Legal Guardian (if applicable):

Witness (Notary Public)

Date

Signature of Parent

Date