

FORM C

RESIDENCY AFFIDAVIT OF DISTRICT RESIDENT (If Student residing with District Resident Other than Parent / Guardian)

I, _____ hereby certify that _____
(Name) (Student Name)

resides with me _____ days and _____ nights per week at
(#) (#)

(Address & Telephone No.)

The above-named student's residence with me is permanent, provided without the receipt of pay or any other compensation, and not provided for the sole purpose of obtaining school accommodations for the student in the District.

I further certify that the information and documentation provided to the District regarding the above-named student to verify the residency of that student is true and accurate and I understand and acknowledge that I am representing that the student is entitled to free school accommodations in the Town of Thomaston by virtue of his/her having a legal residence at the address provided. I agree to notify the District of any change in the student's residency within 15 days of that change. I understand that the District may investigate the truth or accuracy of any statement in this affidavit or any information or documentation provided to the District regarding the student. I understand that if statements in this affidavit or information or documentation provided to the District regarding the student are determined to be untruthful or inaccurate, the student may be denied school accommodations and disenrolled from the District. I understand that if the above-named student is found not to be a resident of the District and not entitled to school accommodations in the District, I may be liable for the cost of tuition for the student's school attendance in the District while not entitled to school accommodations. I also understand that a perjured or fraudulent statement may lead to criminal prosecution under the criminal statutes of the State of Connecticut.

THIS AFFIDAVIT MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE: _____

DATE: _____

State of Connecticut - County of : _____

Subscribed and sworn to before me this:

_____ day of _____ 20_____

Notary Public: _____ My Commission Expires: _____