

## Students

### Admission of Resident Students

Children of school age who are residents of the town of Stafford may attend school without payment of tuition. For the specific purpose of determining whether a child must pay tuition to attend the public schools of Stafford, a determination of the child's residence will be made as follows:

- A. The location where a child lives on a permanent or indefinite basis is his/her residence.
- B. The residence of the parents or legal guardian of the child will not be considered in determining whether the child is a resident for tuition purposes.
- C. A child who lives temporarily at a location is not a resident.
- D. In the instance where students live within the school district with persons other than natural parents or legal guardians, the Superintendent of Schools shall require completion of an affidavit, in accordance with our Residency Verification Guidelines, which attests to the permanency of the residence and that it is provided without pay.
- E. When a child is taken out of the home and placed in a home in the district or in a placement outside of the District by a court or public agency, requirement of the state statutes shall be followed. As stipulated in the aforementioned instance, parents/guardians will be required to complete an affidavit in accordance with our Residency Verification Guidelines.

## Stafford Public Schools Residency Verification Guidelines

State law and Board of Education policy provide that a child is to be educated in the town in which he or she resides. It is illegal to misrepresent a child's residence for the purpose of obtaining educational services. To ensure that a child registering in our school district is a resident of the Town of Stafford parents/guardians are asked to provide documentation that verifies a child's actual residency within the school district.

1. If the child resides with his/her parents/guardians in Stafford, the following documentation must be presented to verify the parent/guardian's address in the Town of Stafford:

- Mortgage/Deed;
- Rental agreement;
- Current utility bill **AND** Residency Affidavit; or
- Valid driver's license, car registration, copy of personal property tax bill for the car from the Town of Stafford **AND** Residency Affidavit

2. If a child resides in Stafford, and the parent/guardian does not reside in the Town of Stafford, the parent/guardian will be required to complete a notarized Residency Affidavit to prove the child's permanent address within Stafford for the purpose of obtaining school accommodations. If the child is homeless, he/she shall be referred to the district's Homeless Liaison for assistance regarding enrollment and residency requirements.

Attachment:

- Residency Affidavit

Stafford Public Schools  
263 East Street  
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

PARENT/GUARDIAN STATEMENT

I hereby certify that \_\_\_\_\_ is my \_\_\_\_\_  
(Student's Name) (Relationship)

and he/she resides with \_\_\_\_\_ who is \_\_\_\_\_  
(Name of Person/Host) (Relationship)

at \_\_\_\_\_  
(No. Street) (Telephone No.)

I further certify that this is intended to be a bona fide permanent address at which my child will be living  
for \_\_\_\_\_ days and \_\_\_\_\_ nights per week and that I am not providing payment for having my child  
reside with \_\_\_\_\_  
(Name of Person/Host)

I further certify that my son/daughter is living at this address and/or not living with me because  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN PERMISSION STATEMENT  
(To be completed if child is not residing with parent/guardian)

In my absence, I hereby certify that \_\_\_\_\_ has  
(Person's Name/Host)  
full right to act in my child's behalf in my absence concerning any and all school disciplinary,  
administrative, and medical matters.

As a parent/guardian of the student named on this form, and as a nonresident of the Town of Stafford, CT,  
I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent  
resident of Stafford, CT, the student is eligible for free public school privileges from the Stafford Public  
School District. I agree to notify school officials immediately regarding the termination of the student's  
permanent residency in Stafford, in which event the student will no longer be eligible for free public  
school privileges in the Stafford Public School District. **Finally, I understand that, should the student  
be found to be attending Stafford Public Schools illegally, the Stafford Board of Education reserves  
the right to recover the costs for such education from me, the undersigned. The current tuition cost  
is \$17,630.00 per year.**

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal  
statutes of the State of Connecticut. I also understand that this document may be used in a court of law as  
evidence against me.

\_\_\_\_\_  
Witness (Notary Public) Date Signature of Parent Date

**CONFIDENTIAL**

**HOST'S STATEMENT**  
**(To be completed if child resides with another individual(s)**  
**in the Town of Stafford)**

The Stafford Board of Education, in compliance with statute 10-253(d) of the State of Connecticut, requires this form to be completed for any student who is **residing with another individual(s) (i.e. host)** within Stafford. This section of the Residency Affidavit must be completed by the individual(s) with whom the student resides, regardless of whether the parent/guardian may also be residing with the host family at the same address. Per the Stafford Public School District's residency requirements, Proof of Residency documents confirming the host's permanent address in the Town of Stafford are also required.

I hereby certify that \_\_\_\_\_ is my \_\_\_\_\_  
(Student's Name) (Relationship)

and that he/she legally resides with me at \_\_\_\_\_  
(No. and Street)

\_\_\_\_\_. I further certify that this is intended as a bona fide permanent address, that this child will be living with me \_\_\_ days and \_\_\_ nights per week, and that I am not receiving payment for having this child reside with me.

I certify that this child is residing with me because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As the host of the student named on this form, and as a resident of Stafford, CT, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of Stafford, the student is eligible for free public school privileges from the Stafford Public School District. I agree to notify school officials immediately regarding the termination of the student's permanent residency in Stafford in which event the student will no longer be eligible for free public school privileges from the Stafford Public School District. **Finally, I understand that, should the student be found to be attending Stafford Public Schools illegally, the Stafford Board of Education reserves the right to recover the costs of such education from me, the undersigned. The current tuition cost is \$ 17,630.00 per year.** I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut.

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I also understand that this Host Statement/Residency Affidavit document may be used in a court of law as evidence against me.

**\*\* If you/the host is also the guardian of the student, please indicate the date and source of legal authority for the child:**

Date: \_\_\_\_\_

Authority: \_\_\_\_\_

**\*\*If the student is not residing with a parent/guardian, the following additional statement must also be completed:**

I, \_\_\_\_\_, understand that I have full responsibility for  
(Name of Person/Host)

\_\_\_\_\_ in the absence of his/her parent/guardian, concerning any and all school  
(Student's name)

disciplinary, administrative and medical matters.

\_\_\_\_\_  
Witness (Notary Public)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Host

\_\_\_\_\_  
Date