

FAIRFIELD PUBLIC SCHOOLS

RESIDENCY AFFIDAVIT

THIS AFFIDAVIT MUST BE ACCOMPANIED WITH ALL REQUIRED DOCUMENTS FOR PROOF OF RESIDENCY

I, _____, hereby declare that I am a bonafide resident of the
(Name of Resident)

Town of Fairfield, that _____ who is the parent or legal guardian of
(Name)

_____, _____, _____
(Name of Child) (Name of Child) (Name of Child)

_____, _____, _____
(Assigned School) (Assigned School) (Assigned School)

- Will be residing with me on a permanent basis.
- That I will not receive any compensation or other financial reimbursement for the care or support of the above-named child (children).
- That the above-named child (children) is (are) not living with me for the sole purpose of attending the Fairfield Public Schools.

Resident's relationship to child/children: _____

This certification is made acknowledging that, if it is not true, the Board of Education shall be entitled to reimbursement for education costs pursuant to S10-186(b)(4) of the Connecticut General Statutes and further may subject the undersigned to prosecution for larceny by defrauding a public community as defined in S53a-119(6) of the Connecticut General Statutes.

I hereby acknowledge that all the statements contained in this affidavit are true and correct to the best of my knowledge and belief.

(Signature of Resident) (Date)

(Address) (Phone Number)

Personally appeared _____ and made oath to the truth of the foregoing statement.

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Public) My Commission Expires _____
(Date)

(Accepted by Head of Security) (Date)