

**BETHANY PUBLIC SCHOOL DISTRICT, BETHANY, CONNECTICUT**

**PARENT/GUARDIAN AFFIDAVIT #1**

**AFFIDAVIT OF RESIDENCY FOR PURPOSES OF OBTAINING SCHOOL ACCOMMODATIONS IN THE BETHANY PUBLIC SCHOOL DISTRICT**

To Be Completed by Parent or Legal Guardian (use one affidavit per person)

I, \_\_\_\_\_, being duly sworn, hereby declare upon pains and penalties of perjury and false statement that I will be a legal resident of the Town of Bethany at the following address \_\_\_\_\_, Bethany, and that the below-named child(ren) is/are currently residing with me:

_____	_____	_____	_____
Name	Age	Grade	School
_____	_____	_____	_____
Name	Age	Grade	School
_____	_____	_____	_____
Name	Age	Grade	School

I further certify that this is intended as a bona fide permanent address at which the student(s) will be living for \_\_\_\_\_ days and \_\_\_\_\_ nights per week and that I am not providing payment for having the student reside with \_\_\_\_\_. I further certify that my son(s)/daughter(s) is residing with me at the above address because: \_\_\_\_\_

By executing this affidavit, I understand that I am representing that my child(ren) is/are entitled to free school accommodations from the Town of Bethany by virtue of their having a legal residence at the above-named address. If this changes at any point in time, it is my responsibility to notify the Bethany Public School District regarding the change in residence and make arrangements for my child(ren) to attend school in their new district of residence. If at any point in time it is determined that my child(ren) have been receiving free school accommodations in Bethany in the absence of any legal entitlement to same, I understand that the Bethany Board of Education reserves the right to immediately disenroll my child(ren) from the Bethany Public School District, and it will be my responsibility to pay tuition to the Bethany Public School District for any period of time for which it is determined that the child(ren) were not entitled to free school accommodations from the Town of Bethany. Tuition shall be assessed at the current yearly rate. I understand that if it is determined that I have defrauded the Bethany Public School District, I may also be subjected to the pains and penalties of perjury and false statement and such other remedies as may be available under law.

\_\_\_\_\_  
Signature Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

STATE OF CONNECTICUT

County of \_\_\_\_\_ ss. \_\_\_\_\_

Personally appeared, \_\_\_\_\_, and made oath to the truth of the foregoing statement.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_