

BETHANY PUBLIC SCHOOL DISTRICT, BETHANY, CONNECTICUT

PARENT/GUARDIAN AFFIDAVIT #2

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 am the parent/legal guardian of the below-named child(ren), who will be residing with a legal resident of the Town of Bethany as follows:

Bethany Resident's Name: _____

Address: _____, Bethany.

I further certify that this is intended as a bona fide permanent address at which the student 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 not living with me because: _____

My child(ren) is/are named below as follows:

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

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. I hereby represent that my child(ren) are residing at the above-named address:

- (1) permanently,
- (2) without pay, and
- (3) not for the sole purpose of obtaining school accommodations in the Bethany Public School District.

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.

I represent that either (**PLEASE INDICATE ONE**):

- (a) The person named above has a custodial or legal relationship with the above-named child(ren) and I have provided the Bethany Public School District with legal documentation of same such that this person is able to make educational and medical decisions for the child(ren) in my absence; or
- (b) the person named above is not the legal guardian or custodian of the child(ren), and cannot be relied upon by the Bethany Public School District to make educational and/or medical decisions for the child(ren).

If (b), PLEASE INDICATE ONE OF THE FOLLOWING:

- (1) I have provided emergency contact information for myself to the Bethany Public School District and I am the only person with authority to make educational and/or medical decisions on behalf of the above-named child(ren); or
- (2) I have provided legal documentation to the Bethany Public School District indicating that in my absence, the following person has legal guardianship of my child(ren) and may be contacted to make educational and/or medical decisions regarding the above-named child(ren):

Name: _____

Address: _____

Telephone Number(s): _____

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 _____