

BETHANY PUBLIC SCHOOL DISTRICT, BETHANY, CONNECTICUT

BETHANY RESIDENT AFFIDAVIT #3

AFFIDAVIT OF RESIDENCY FOR PURPOSES OF OBTAINING SCHOOL ACCOMMODATIONS FOR NON-RESIDENT CHILD(REN) IN THE BETHANY PUBLIC SCHOOL DISTRICT

To Be Completed by Bethany Resident (use one affidavit per person)

I, _____, being duly sworn, hereby declare upon pains and penalties of perjury and false statement that I have a legal residence within the Town of Bethany at the following address:

_____, Bethany, and that the below-named child(ren) will be residing with me:

- (1) on a permanent basis,
(2) without pay, and
(3) not for the sole purpose of obtaining school accommodations from the Bethany Public School District.

I further certify that this is intended as a bona fide permanent address, that this student will be living with me _____ days and _____ nights per week. I certify that this student is residing with me because: _____

The child(ren) who will be residing with me is/are named below as follows:

Table with 4 columns: Name, Age, Grade, School. Three rows for listing children.

By executing this affidavit, I understand that I am representing that the above-named 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 the above-named child(ren) are residing at the above-named address permanently, without pay, and not for the sole purpose of obtaining school accommodations in the Bethany Public School District.

I represent that either (PLEASE INDICATE ONE):

- (a) I have a custodial or legal relationship with the above-named child(ren) and have provided the Bethany Public School District with legal documentation of same such that I am able to make educational and medical decisions for the child(ren); or
(b) I am not the legal guardian or custodian of the child(ren) but have provided sufficient documentation to the Bethany Public School District to indicate the name of the person who may be relied upon by the Bethany Public School District to make educational and/or medical decisions for the child(ren).

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 _____