STATEMENT OF RESIDENCY VERIFICATION

Student's Full name:_____
First Last

Current Address:_____

Date residence began at this address: (month/year)_____ ____current student ___new enrollment

Previous Address:_____

Please read statements, checking the appropriate box and sign below:

I wish to enroll the above named student in the Westfield Public Schools. I understand that pursuant to Massachusetts law and School Committee Policy, students who reside in Westfield may attend the Westfield Public Schools and students who do not reside in Westfield may not attend the Westfield Public Schools.

I acknowledge that I am required to notify the above student's school, in writing, of any change in address within five (5) calendar days.

I further certify that we the parent(s), legal guardian(s) or responsible adult of the above student. (If signing as a "Responsible Adult", you will be required to complete the Responsible Adult's Affidavit provided by the Westfield Public Schools.)

___verify that I reside at the home located at the above listed address, with my child(ren), which is our primary and permanent residence
OR
___ reside temporarily or in transitional living accommodations, with my child(ren), under the guidelines of the McKinney Vento Act AND

I affirm that all the information on this form is correct to the best of my knowledge. If the student is enrolled in the District on the basis of information knowingly falsified by me, I am liable to the District for the daily tuition rate and the student will be withdrawn. I also understand that if any of the statements made by me are false, that I am subject to be criminally prosecuted for assisting in the obtaining of free public services by fraud. I hereby certify that I will immediately provide the school with any future address changes.

Student's Name:_____

Parent(s)/Guardian(s) Full name:_____

Today's date:_____

Signature:_____