

#### **BETHEL PUBLIC SCHOOLS**

#### **PROOF OF RESIDENCY**

Prior to enrollment in the BETHEL PUBLIC SCHOOL DISTRICT, proof of residency will be required. These procedures provide the forms that parents or those responsible for resident children must complete as a proof of residency.

The procedures described herein, including the requirements for the completion of forms, shall be used for all students enrolled in, or seeking to enroll in, Bethel Public Schools.

Notwithstanding the foregoing, if any procedure or form described in these administrative regulations conflicts with the procedures described in the Bethel Public Schools regarding Homeless Children and Youth, the provisions concerning homeless children and youth shall control.



## **BETHEL PUBLIC SCHOOLS**

## **CERTIFICATION OF RESIDENCE**

	DATE:
	RE:
As part of our residency process, we are requesting to following residence providing this notarized statement	hat you as the landlord/owner of or the family residing at the nt verifying that:
Name of Student(s)	
Name of Parent(s)/Guardian(s)	
Reside at the following address:	<del>.</del>
, oarent(s)/guardian(s)	certify that the named student(s) and
	address, in a home owned or occupied by me in Bethel, CT.
realize that if I make a false statement as to residend fails student if the student, in fact, does not reside	cy, I may be held liable for a share of the cost for the education within the Bethel Public School District.
disenrollment of the above-named student(s). In add	st, or that a perjured or fraudulent statement may lead to the dition, the parent(s) may be prosecuted to the extent permitted ut. I also understand that this document may be used as
agree to immediately notify the Bethel Public Schoo	ol District if this student ceases to reside at this address.
Signed:	Date:
Signed	and sworn to before me this day of, 20
	Notary Public

If you have any questions regarding this form, please contact the District Registrar at (203) 830-7355, Bethel Board of Education, 1 School Street, Bethel, CT 06801.



# **PARENT'S STATEMENT**

I hereby certify that		is n	าy	
, ,	(Student's Name		(Relationship)	<del></del>
and he/she resides with		who	is	_
	(Name of Persor	1)	(Relationship)	
at				_
(No. Street)			(Telephone #)	
I further certify that this	is intended to be a bona f	ide permanent address at	which my child will be	living for
days and nights	per week and that I am n	ot providing payment in or	der to have my child i	eside with
	to attend sch	nool in the Bethel Public Sci	hool District.	
I further certify that my	son/daughter is not living	with me because		
the accuracy of the infor Bethel, the student is eli- termination of the stude eligible for free school pr	mation contained in this f gible for free school privile nt's permanent residency rivileges. Finally, I underst he Bethel Public School Di	d as a nonresident of the B orm. Further, I certify that eges. I agree to notify scho in the Town of Bethel, in v tand that, should the stude strict reserves the right to	<ul> <li>as a permanent residual officials immediate</li> <li>which event the stude</li> <li>ent be found to be atternable</li> </ul>	dent of the Town o lly regarding the nt will no longer be ending the Bethel
I understand that a perju State of Connecticut.	ired or fraudulent stateme	ent may lead to my prosect	ution under the crimir	nal statutes of the
I also understand that th	is document may be used	in a court of law as eviden	ce against me.	
OPTIONAL: I hereby cert	tify that the said		has	
full right to act in my chi	·	n's Name) and all school disciplinary,	administrative and	medical matters
run right to act in filly chi	u s belian concerning any	and an school discipinary,	, auministrative, and	medical matters.
 Notary Public	Date	Signature		 Date
INULALY PUBLIC	Date	Signature		Date



# **BETHEL RESIDENT/HOST'S STATEMENT**

I nereby certify that		is my _					
	(Student's Name)		(Relationship)				
and that he/she legally resides v	vith me at						
		and Street)					
I further certify that this is inter	·	ded as a bona fide permanent address, that this child will be living with me					
days and nights per we	ek, and that I am not receiving pa	ment for having this ch	nild reside with me in order				
to attend school.							
I certify that this child is residing	g with me because						
accuracy of the information con Bethel, the student is eligible fo termination of the student's per eligible for free school privileges	ed on this form, and as a resident of tained in this form. Further, I cert if free school privileges. I agree to rmanent residency in the Town of is. Finally, I understand that, should tel Public School District reserves t	ify that, as a permanen notify school officials ir Bethel in which event t d the student be found	t resident of the Town of mmediately regarding the he student will no longer be to be attending the Bethel				
I understand that a perjured or state of Connecticut.	fraudulent statement may lead to	my prosecution under t	the criminal statutes of the				
I also understand that this docu	ment may be used in a court of lav	v as evidence against m	ie.				
* * If you are the guardian	of the student, please indicate the	e date and source of yo	ur authority:				
Date	Authority						
OPTIONAL: I,			, understand				
	(Name of Person)						
that I have full responsibility for matters.	this student concerning any and a	Il school disciplinary, ad	Iministrative, and medical				
Notary Public	 Date	Signature	Date				