

MILFORD PUBLIC SCHOOLS  
MILFORD, CT

PARENT/GUARDIAN AFFIDAVIT #1

AFFIDAVIT OF RESIDENCY FOR PURPOSES OF OBTAINING SCHOOL ACCOMMODATIONS IN THE  
MILFORD PUBLIC SCHOOLS

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 a legal resident of the City of Milford at the following address:

\_\_\_\_\_, Milford, 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

By executing this affidavit, I understand that I am representing that my child(ren) is/are entitled to free school accommodations from the City of Milford 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 Milford Public Schools 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 Milford in the absence of any legal entitlement to same, I understand that the Milford Board of Education reserves the right to immediately disenroll my child(ren) from the Milford Public Schools, and it will be my responsibility to pay tuition to the Milford Public Schools for any period of time for which it is determined that the child(ren) were not entitled to free school accommodations from the City of Milford. Tuition shall be assessed at the current yearly rate. I understand that if it is determined that I have defrauded the Milford Public Schools, 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.

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

_____ Signature	_____ Date
STATE OF CONNECTICUT     )	
) SS	
COUNTY OF                     )	

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

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_