

MILFORD PUBLIC SCHOOLS
MILFORD, CT

PARENT/GUARDIAN AFFIDAVIT #2

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

Name: _____

Address: _____, Milford.

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 City of Milford 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 Milford Public Schools.

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.

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 Milford Public Schools 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 Milford Public Schools 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 Milford Public Schools 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 Milford Public Schools 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): _____

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 _____.