

MILFORD PUBLIC SCHOOLS
MILFORD, CT

MILFORD RESIDENT AFFIDAVIT #3

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

To Be Completed by Milford 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 City of Milford at the following address:

_____, Milford, 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 Milford Public Schools.

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

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 City of Milford 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 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 the child(ren) to attend school in their new district of residence. If at any point in time it is determined that the 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 the child(ren) from the Milford Public Schools, and I may be held responsible for the payment of 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) I have a custodial or legal relationship with the above-named child(ren) and have provided the Milford Public Schools 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 Milford Public Schools to indicate the name of the person who may be relied upon by the Milford Public Schools to make educational and/or medical decisions for the child(ren).

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 _____