

THE REGIONAL SCHOOL DISTRICT NO. 17 PUBLIC SCHOOLS
HADDAM & KILLINGWORTH, CONNECTICUT
(860) 345-4534

CONFIDENTIAL RESIDENCY AFFIDAVIT

The Regional School District No. 17 Board of Education, in compliance with statute 10-253(d) of the State of Connecticut, requires this form to be completed for any student who claims residence in Killingworth and is not residing with his or her parent(s) and whose parent (s) is/are not residing in Haddam or Killingworth. This form is required when there is a question about the child's actual residence. The student (if appropriate) and the person with whom the student is living must fill out this form together.

1. Student's Name _____ DOB: _____
(Last) (First) (Middle)
2. Student's Reported Address _____
(No. and Street) (Telephone #)
3. Name of Person With Whom Student Lives _____
Relationship _____
Address _____
(Street Address and Town) (Telephone #)
4. Date Student Moved to Haddam / Killingworth _____
(Month) (Day) (Year)
5. Student's Previous Address _____
(No. and Street) (Town) (State)
6. Previously Attended School _____ Grade _____
7. Name of Student's Father _____
Father's Address _____
(No. and Street) (Town) (State) (Telephone #)
8. Name of Student's Mother _____
Mother's Address _____
(No. and Street) (Town) (State) (Telephone #)
9. Name and Address of Student's Court Appointed Legal Guardian, if Applicable:

I attest by my signature below, that the above named student is residing with me at the address included on this affidavit. Furthermore, I attest to the fact that the student's residence is without compensation to me and this same residence is not for the sole purpose of having this student attend any school within Regional School District No. 17.

PRINTED NAME

SIGNATURE

DATE