

## Students

#### Nonresident Students without Tuition

Upon written parental request, nonresident students and those not otherwise entitled to free public education in Regional School District No. 17 may be allowed by the Superintendent of Schools to attend Regional School District No. 17 without tuition and without transportation under one or more of the following conditions:

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- 1. A family who moves from the district after February 1 of the school year may complete that school year;
- 2. A child may complete the marking period regardless of when the family moves from town;
- 3. A family residing outside of the district has binding commitment, including a specified date to move into the school district within the first semester of the current school year;
- 4. Resident students attending Regional School District No. 17 who become relocated outside the district on a temporary basis due to family needs may seek approval of attendance without tuition under this section. The relocation described herein shall not exceed three (3) calendar months, except that attendance without tuition may be granted for up to one (1) year from the date of relocation with permission of the Board of Education.

## Seniors attending HKHS

A high school senior who has attended HKHS for at least two (2) years may complete their senior year.

The parents or guardians of students permitted to attend Regional School District No. 17 under all sections above shall assume full responsibility for providing all necessary transportation to such students. Transportation is not provided for any student outside of the district boundaries. (Students placed outside the district for special education reasons are not covered by 1 through 4 above; if necessary, the Superintendent of Schools shall consider such situations individually).

#### **Tuition Students**

Regional School District No. 17 does not accept tuition students from outside the district except as listed above. Any exception to this would require Board of Education approval.

## **Exchange Students**



Exchange students, participating in a formal exchange program may be admitted by the Superintendent for no more than two semesters at no tuition cost. Admissions are dependent upon space available and must not lead to the hiring of additional staff. Exchange students will be accorded all the rights and privileges of a resident student during the period of enrollment.





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## **Evidence of Residency**

The Superintendent of Schools or his/her designee will require documentation of family and/or student residency, including affidavits. Prior to a request for evidence of residency of an already enrolled student, the parent or guardian, relative or non-relative, emancipated minor, or student eighteen (18) years of age or older shall be provided with a written statement of why there is reason to believe such student may not be entitled to attend school in Regional School District No 17. An affidavit may require a statement or statements with documentation that there is bona fide student residence in Haddam or Killingworth, that the residence is intended to be permanent, that it is provided without pay, and that it is not for the sole purpose of obliging school accommodations.

Legal Reference:

Connecticut General Statutes

4-176e through 4-185 Uniform Administrative Procedure Act.

10-186 Duties of local and regional Boards of education re school attendance. Hearings. Appeals to state Board. Establishment of hearing board.

10-253 School privileges for students in certain placements and temporary shelters.





# OFFICE OF THE SUPERINTENDENT OF SCHOOLS Regional School District No. 17

57 LITTLE CITY ROAD HIGGANUM, CONNECTICUT 06441-4323 TEL: [860] 345-4534 / FAX: [860] 345-2817

### PARENT/GUARDIAN AFFIDAVIT

## AFFIDAVIT OF RESIDENCE FOR PURPOSES OF OBTAINING SCHOOL ACCOMMODATIONS IN THE REGIONAL SCHOOL DISTRICT No. 17 PUBLIC SCHOOLS

To be Completed by Parent or Legal Guardian (use one affidavit per person)

I,, bo	eing duly sworn, hereby d	leclare upon pair	is and penalties of perjury and	d
false statement that I am the parent/le	gal guardian of the below	-named child(re	n), who will be residing with	a
legal resident of the Town/City of	as 10	onows.		
Name:				
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 understa accommodations from the Town/City above-named address. I hereby repre	of	by virtue of the	eir having a legal residence at	ol the
<ol> <li>permanently,</li> <li>without pay, and</li> <li>not for the sole purpose of obtaining</li> <li>Public Schools.</li> </ol>	aining school accommoda	itions in the Reg	ional School District No. 17	
If this changes at any point in time, Schools regarding the change in residustrict of residence. If at any point accommodations in Regional School that the Regional School District Nochild(ren) from Regional School District No. 17	lence and make arrangeme in time it is determined to District No. 17 in the abso o. 17 Board of Education trict No. 17 Public School	ents for my child (rerence of any legan reserves the rise, and it will be	(ren) to attend school in their ) have been receiving free so entitlement to same, I under ght to immediately dis-enrol my responsibility to pay tuiti	new chool stand I my on to

understand that if it is determined that I have defrauded the Regional School District No. 17 Public Schools, I may also be subjected to the pains and penalties of perjury and false statement and such other remedies as may

child(ren) were not entitled to free school accommodations from the Town/City of

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 Regional School District No. 17 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 names above is not the legal guardian or custodian of the child(ren), and cannot be relied upon by the Regional School District No. 17 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 Regional School District No. 17 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 Regional School District No. 17 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 thi	is day of	<del>-,</del>	,	
Signature		Date		
STATE OF CONNECTICUT	) ) SS			
COUNTY OF	)			
Personally appeared,		, and mad	de oath to the truth of th	ne foregoing statement.
				_
	Notary Public			
	My commission	n expires		