

## **District Residency Verification Information**

District: NEWINGTON

Contact Name: Lisa Kasprzyk

Email: Ikasprzyk@npsct.org

Phone: 860-666-5611 x1131

Street Address: 605 Willard Avenue

Hours of operation: Appointments taken between the hours of 8:00 am - noon

**Directions and Parking Information:** 

Park in front of the building (visitor spots). Enter through the main entrance. Ring the bell and someone will unlock the main entrance door.

Documents required by this district to present in person to prove residency:

Mortgage or lease, two utility bills, driver's license, and the birth certificate for the student.

Does	this	district	have	its own	residency	verification	n paperwo	ork that r	eeds to l	be complete	ed?
YES	$\checkmark$	NO									

Does the LEARN residency verification form need to be updated every school year? YES

Any additional information that would help families prove residency in this district?

Please note that families can scan/email or fax paperwork/documents.

ansfer from NPS to Magnet ontinuing to attend Magnet Scl	Newington Public School <u>Magnet School Residency Verifi</u> nool	cation
	lete ALL Information and submit to the Ro	esidency Office Secretary
Student's Name:		
Date of Birth:	Grade:	Gender: M F
Student CURRENTLY recei	ves services: $\Box$ Special Education $\Box$ ELL	504
Name of Magnet School:		
Enrollment is  Full-time	Part-time	
Race: What is this child's ra □ American Indian c □ Native Hawaiian c		ack or African American
Also, is this child His	spanic/Latino? 🗆 Yes 🗆 No	
Resides with (Required): $\Box$ E	Both Parents □ Father □ Mother □ Other *	
	* Proof of legal	guardianship must be filed with scho
Name of Parent/Guardian	-	
	Relationsl	
Primary Phone:	Relationsh	
Primary Phone: E-mail:	Relationsh	nip to Student:
Primary Phone: E-mail:	Relationsh	nip to Student:
Primary Phone: E-mail: (For Office Use Only)***	Relationsh	hip to Student:
Primary Phone: E-mail: (For Office Use Only)*** Student's Name:	Relationsl	hip to Student:
Primary Phone: E-mail: (For Office Use Only)*** Student's Name: NPS School Attendance Distr	Relationsh	hip to Student:
Primary Phone: E-mail: (For Office Use Only)*** Student's Name: NPS School Attendance Distr Current Verified Address:	rict: RC EG JP AR JW MK	hip to Student:
Primary Phone: E-mail: (For Office Use Only)*** Student's Name: NPS School Attendance Distr Current Verified Address: Date of residency verification	Relationsh	hip to Student:
Primary Phone: E-mail: (For Office Use Only)*** Student's Name: NPS School Attendance Distr Current Verified Address: Date of residency verification Date of withdrawal to magner Date of District Placement Hartford RE Magnet	Relationsh	hip to Student:
Primary Phone: E-mail: (For Office Use Only)*** Student's Name: NPS School Attendance Distr Current Verified Address: Date of residency verification Date of withdrawal to magner Date of District Placement Hartford RE Magnet	Relationsh	hip to Student: