



## District Residency Verification Information

District: AVON

Contact Name: Shirley Moy

Email: smoy@avon.k12.ct.us

Phone: 860-404-4700

Street Address: 34 Simsbury Road, Avon, CT 06001

Hours of operation: 8:30-3:30

### Directions and Parking Information:

The Avon Board of Education administrative building is located on the right hand side of Route 10 traveling north of Route 44. There is ample parking available in the open parking lot after entering the driveway.

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

For proof of residency please bring a current utility bill (electricity, water, oil, gas, or cable) in addition to either a current signed lease or a current mortgage bill

Does this district have its own residency verification paperwork that needs to be completed?

YES  NO

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

YES  NO

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

The student must be registered with the district. Parents must complete and provide the Avon Public School registration form as well as bring proof of the child's identity (original US birth certificate or a valid passport) along with proof of residency. This only needs to be done once in order to register a child, however, residency must be proved annually.



**AVON PUBLIC SCHOOLS**  
34 Simsbury Road, Avon, Connecticut 06001  
**STUDENT REGISTRATION FORM**

**STUDENT INFORMATION**

*Note: The residence of the student determines eligibility to enroll in the Avon Public School system. If the student address is different from the parent/guardian address, the parent/guardian and the adult with whom the student is living must provide the district with a notarized affidavit and proof of the student's residency and eligibility of enrollment. The affidavit must also include the name(s) with whom the student is living, address, and phone number. Open Choice students must provide Harford residency proof and the acceptance letter from CREC.*

Name: \_\_\_\_\_  
(last name) (first name – as shown on birth certificate) (middle name – as shown on birth certificate)

Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Gender:  Male  Female  
(mm) (dd) (yyyy)

Residential Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Street City State Zip Code

Secondary Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
(Parent or guardian email)

Day Phone (mother): \_\_\_\_\_ Day Phone (father): \_\_\_\_\_

Birthplace: \_\_\_\_\_ Citizenship:  U.S.  Other Date of Entry into USA: \_\_\_\_\_

**Ethnicity** (select all that apply):  American Indian or Alaskan Native  Asian  Black or African American  
 Caucasian/White  Native Hawaiian or Other Pacific Islander

**Race:** Is the child Hispanic/Latino? .....  Yes  No

Has this child ever registered at Avon Public Schools? ....  Yes  No

Does this child receive 504 Services? .....  Yes  No  Has received these services in the past

Does this child receive Special Education Services?.....  Yes  No  Has received services in the past

**Discipline:** Is the child currently under disciplinary action?  Yes  No Is child currently under an expulsion?  Yes  No

**Previous KINDERGARTEN or PRESCHOOL Education Experience (for Kindergarten or Preschool only)**

Name of licensed daycare or preschool: \_\_\_\_\_

Address: \_\_\_\_\_  
# Days per year # of hours per day Dates attended

**PARENT/GUARDIAN INFORMATION Please provide all applicable information**

*Note: Parents or guardians listed below have permission to pick up the student unless otherwise indicated. If there are any court orders restricting non-custodial parents or others from contact with the student, notify the principal immediately and provide a copy of that order.*

**Contact 1:**  Mother  Father  Guardian  Step Mother  Step Father  Other \_\_\_\_\_ Resides with:  Yes  No

\_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Last name, first name, maiden name (if applicable)

Phone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_  
Name and address Occupation

**Contact 2:**  Mother  Father  Guardian  Step Mother  Step Father  Other \_\_\_\_\_ Resides with:  Yes  No

\_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Last name, first name, maiden name (if applicable)

Address (if different from above): \_\_\_\_\_

Phone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_  
Name and address Occupation

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**Contact 3:** Relationship to child: \_\_\_\_\_ Resides with:  Yes  
 No  
 \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Last name, first name, maiden name (if applicable)  
 Address (if different from above): \_\_\_\_\_  
**Phone:** Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
Name and address Occupation

<b>SIBLING INFORMATION</b>			
Name	Date of Birth	School	Grade

<b>EMERGENCY CONTACT INFORMATION</b>	
(Parent must provide one emergency contact, <b><u>DO NOT LIST A PARENT</u></b> )	
<i>Note: If parent/guardian is not available in an emergency, individuals listed below will be contacted and have permission to pick up the student.</i>	
<b>Emergency Contact 1:</b> _____	Relationship: _____
<b>Phone:</b> Home: (    ) _____	Work: (    ) _____ Cell: (    ) _____
<b>Emergency Contact 2:</b> _____	Relationship: _____
<b>Phone:</b> Home: (    ) _____	Work: (    ) _____ Cell: (    ) _____
<b>Childcare Provider:</b> _____	Relationship: _____
<b>Phone:</b> Home: (    ) _____	Work: (    ) _____ Cell: (    ) _____

<b>PARENT/GUARDIAN SIGNATURE</b>	
<b>Parent or Guardian Signature:</b> _____	Date: _____

**To register your child, please bring child's original birth certificate or passport (if from out of country) and proof of residency (mortgage or lease and current utility bill) showing home address to 34 Simsbury Rd. Monday-Friday between 8:30am-3:30pm**

<b>FOR SCHOOL USE ONLY</b>	
School ID #: _____	School: _____ Grade: _____
Entry Date: _____	Anticipated High School Graduation Year: _____ Withdrawal Date: _____
Proof of Residency (list documents provided): _____	
Student is: <input type="checkbox"/> New <input type="checkbox"/> Re-enrolling	Copy of Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No    Copy of Passport: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transferring from CT town of _____	Special Education Services: <input type="checkbox"/> Receives <input type="checkbox"/> Has received
<input type="checkbox"/> Transferring from State/Country of _____	504 Services: <input type="checkbox"/> Receives <input type="checkbox"/> Has received