



## District Residency Verification Information

District: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Hours of operation: \_\_\_\_\_

### Directions and Parking Information:

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

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

YES  NO

(If yes, please send as an email attachment.)

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?

Please return responses and any additional paperwork to [wjsonstrom@learn.k12.ct.us](mailto:wjsonstrom@learn.k12.ct.us)

# CERTIFICATION OF RESIDENCY

(For families living with someone who is the owner/tenant of residence in Windsor)

As a part of our residency verification process, we are requesting that you, as the owner/tenant of the residence in Windsor, verify that:  
School: \_\_\_\_\_ School Year: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

and his/her parent(s)/guardians(s): \_\_\_\_\_

reside at: \_\_\_\_\_ with me.  
(List Address and Apartment/Unit Number)

I, \_\_\_\_\_ certify that the above named student(s) and  
(Local Resident/Relative/etc.)

parent(s)/guardian(s) reside with me at the above listed address seven days a week, in a residence owned or occupied by me in the town of Windsor. I realize that if I make a false statement as to the residency, I may be held liable for a share of the cost of the education of the said student(s) if they, in fact, do not reside in Windsor. My relationship to student(s) is \_\_\_\_\_. I can be reached at home (860) \_\_\_\_\_ or work (860) \_\_\_\_\_.

I understand that a Certificate of Residence is valid only for the current school year and will need to be resubmitted annually. I agree to notify the school immediately regarding the termination of the student's full time physical presence (permanent residency) in the town of Windsor, in which event the student will no longer be eligible for free school privileges. Finally, I understand that should the student be found to be attending Windsor Schools illegally, the town of Windsor reserves the right to recover the costs of such education from me, the undersigned.

I will cooperate with the Town of Windsor when an investigation is conducted to verify residency of the above-named student(s).

I understand that a false statement may lead to the disenrollment of the above-named student(s) and may lead to my prosecution under the criminal statutes of the State of Connecticut, which is stated below (Larceny 53a-122). I also understand that this document may be used as evidence in a court of law.

## RELEASE OF INFORMATION

To Whom It May Concern:

I hereby give consent to any authorized representative of the Windsor Public Schools to obtain any information in your files pertaining to my permanent residency (address). This may include homeowners (landlord), residential managers, rental agents, caseworkers, housing authorities, utilities (electric, gas, phone, cable tv, etc) or any agency regarding my permanent residence (address).

Information obtained by this release will be used to verify my residency for the purposes of public school enrollment in accordance with Connecticut General Statute 10-253.

**LARCENY 1<sup>st</sup> DEGREE, 53a-122** – *The property or service is obtained by DEFRAUDING A PUBLIC COMMUNITY and such property exceeds \$2,000.*

**Class B Felony** – *Not less than 1 year nor more than 20 years and/or a fine up to \$10,000.*

Signed: \_\_\_\_\_  
(Legal Resident of Windsor)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian of Student(s))

Date: \_\_\_\_\_

## OATH

Both personally appeared \_\_\_\_\_ & \_\_\_\_\_ and subscribed to and swore to the truth of the foregoing before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

My commission expires: \_\_\_\_\_  
Print Name \_\_\_\_\_ Telephone # \_\_\_\_\_

If you have any questions regarding this form please contact the Registration Office,  
Windsor Public Schools at (860) 687-2000 Ext. 263.

(06/09)