



District Residency Verification Information

District: GLASTONBURY

Contact Name: Laurie Grenus

Email: grenusl@glastonburyus.org

Phone: 860-652-7940

Street Address: 628 Hebron Ave.
Glastonbury, CT 06033

Hours of operation: 8:00 am - 4:30 pm Appointments required

Directions and Parking Information:

We are in the only 5-story brick building behind Healthtrax Wellness Center, on the first floor. The building is locked. Please call or email to schedule an appointment.

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

- A) Mortgage statement, deed, or signed lease agreement with landlord's contact number
- B) Most recent utility 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?

See proof of residency checklist



GLASTONBURY PUBLIC SCHOOLS ADDRESS VERIFICATION STATEMENT

To be completed by the Homeowner or Individual on Lease

Please print: I, _____, Date of Birth _____,
(Circle: Homeowner or Individual on Lease)
of _____, Glastonbury, Connecticut, give this statement to Glastonbury Public Schools
(Street address)
freely, affirm to the truth and accuracy, and understand it may be used in court.

The following individual(s) have moved in with me as of: _____
(Date)

First Name	Last Name	Adult or Child	Relationship to Homeowner/Individual on Lease:

Temporary Living Arrangement from _____ to _____ (or) Permanent Living Arrangement
If you move from this location you are required to contact the Glastonbury BOE Registrar at 860-652-7940

If you Rent: Please provide Landlord name and contact number below:

Landlord Name:	Cell:	Home:
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Signature: _____ Date: _____
(Homeowner or Individual on Lease)

Homeowner or Individual on Lease is required to have this form notarized

Notary Use Only

State of Connecticut

County of _____ Town/City _____ On this the _____ day of

_____, 20____, before me _____, the undersigned officer, personally
(name of Notary)

appeared _____, known to me to be the person whose name is subscribed to the within
(name of individual)

instrument and acknowledged that _____ executed the same for the purpose therein contained.
(he/she)

In witness whereof I hereunto set my hand.

Signature of Notary Public _____ Date Commission Expires: _____

Printed Name of Notary _____

Glastonbury Public Schools – Registration Checklist

STUDENT INFORMATION: Check required documents

- Student's original Birth Certificate with raised seal
- Parental proof of identity (photo ID)
- Custody agreement/court order (if applicable)
- Court-ordered guardianship papers (if the student resides with someone other than a parent)

HEALTH INFORMATION: Check required documents

- Page 1 CT Health Form-health assessment page completed by parent
- Page 2 CT Health Form or Medical Evaluation completed by physician
- Page 3 Immunization Record completed by physician

PROOF OF RESIDENCY: Check one from Category A AND one from Category B

CATEGORY A:

- Mortgage Statement with property address **OR**
- Deed (pages with name, address and property address) **OR**
- Closing documents (pages with property address and signatures)**OR**
- Town tax bill with property address **OR**
- Current signed lease/rental agreement (with name, address, lease period and landlord or property manager's name and phone number) **OR**
- For those who do not own or lease, complete the Address Verification Statement and it must be notarized (copies can be printed from our Website or contact Registrar at 860-652-7940)

CATEGORY B:

- Most recent utility Bill (gas, electric, cable, etc.) **OR**
- Confirmation start-up/transfer of service letter from utility company **OR**
- Homeowners or renter's insurance document with property address **OR**
- Motor vehicle registration with correct address **OR**
- Moving company receipt or furniture/appliance delivery receipt with correct address

Student Name & grade: _____

Parent/Guardian Name & Phone number: _____