



District Residency Verification Information

District: ANDOVER

Contact Name: Rosemary Crandall

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Phone: (860)-742-7339

Street Address: 35 School Road, Andover, CT 06232

Hours of operation: 8:30 a.m. to 3:00 p.m.

Directions and Parking Information:

Turn onto Route 316 off of Route 6. Go one mile, take a left onto School Road. Andover Elementary School is the 3rd building on the left. Main entrance is from the upper parking lot.

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

Two of the following 3 items:

1. Rental/Lease agreement or mortgage papers with name and address of new resident
2. Driver's license with name and Andover address
3. A utility bill or other business correspondence with the name and Andover address

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?



Andover School District

35 SCHOOL ROAD
ANDOVER, CT 06232
TEL. (860) 742-7339
FAX (860) 742-8288
www.andoverelementaryct.org

Dr. Sally Doyen
Superintendent

Mr. John Briody
Principal/Director of Curriculum

Ms. Holly Maiorano
Director of Special Education

CERTIFICATION OF RESIDENCE

NEW ENROLLEE/STUDENT TRANSFER/CHANGE OF ADDRESS

All students attending Andover Elementary School must be town residents unless specifically permitted to attend by the Board of Education. Any out-of-district student seeking admission on a tuition basis must be approved by the Board of Education and pay the actual per-pupil rate.

Students may not enroll in Andover Elementary School unless and until they are actually residing in Andover. For new housing, a Certificate of Occupancy with the residency date must be presented to the Superintendent of Schools for students to enroll. For existing housing in Andover, two of the following three items must be presented to the school office:

- _____ 1. Rental / Lease Agreement or mortgage papers with the name and address of the new resident,
- _____ 2. Driver's license with name and Andover address,
- _____ 3. A utility bill or other business correspondence with the name and Andover address.

The building administration may require additional residence verification if necessary. Students who move during the school year must withdraw from Andover Elementary School or pay the appropriate out-of-district tuition.

Non-residents whose children are enrolled in Andover Elementary School without prior permission from the Superintendent will be assessed tuition for the time children were in attendance in Andover.

Parent/Legal Guardian Statement

I (print name) _____ the parent or
legal guardian of student(s) _____ / _____ Grade(s) _____
(Andover Address) _____

certify that the above named student actually lives at the above address.

The telephone number at the same address is _____; the emergency telephone
number is _____. The Owner/Landlord name is _____
and telephone number is _____.

The information and documentation provided are accurate. I authorize representatives of Andover Elementary School to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student, and may lead to liability for tuition and to criminal penalties for fraud.

Parent/Guardian Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

AFFIDAVIT FOR PURPOSES OF RESIDENCY

To be Completed by Parent or Guardian

STATE OF CONNECTICUT
COUNTY OF TOLLAND as:

I, _____, personally appeared and made oath to the following:

A. I am the ___ (parent) ___ (guardian) of _____

(name of child/children)

I reside at _____ in Andover, CT.

(street address)

Phone Number _____

(area code – number)

_____ resides with me at the above address.

(name of child/children)

B. It is my intention that _____ reside with

(name of child/children)

_____, _____,

(name of person

(address)

in Andover, CT. Phone number _____.

(area code – number)

This residence is ___ (permanent) ___ (temporary).

Subscribed and sworn to

Before me, this _____

Day of _____

20____,

Signature of Local Resident

Notary Public

NOTARIZATION REQUIRED

**Andover Elementary School
35 School Road
Andover, CT 06232
(860) 742-7339**

HOST'S STATEMENT

PLEASE CHECK ONLY ONE THAT APPLIES:

STUDENT ONLY

OR

STUDENT WITH PARENT(S)

I hereby certify that _____ is my _____
(Student's Name) (Relationship)
and he/she resides with me at _____.

I further certify that this is intended as a bona fide permanent address, and that:

1. **(A)** ___ this student will be living with me ___ days and ___ nights per week, and that I am not receiving payment for having this student with me. I certify that this student is residing with me because _____.
(B) ___ this student and his/her parent(s) will be living with me ___ days and ___ nights per week, and that I am not receiving payment for having this student with me. I certify that this student and his/her parent(s) are residing with me because _____.
2. **I intend such residence to be permanent.**
3. **Such residence is not for the sole purpose of obtaining school accommodations.**

As the host of the student named on this form, and as a resident of the Town of Andover, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Andover, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the Town of Andover, 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 Andover Elementary School illegally, the Town of Andover reserves the right to recover the costs of such education from me, the undersigned. I also authorize the rental agent or landlord or residence owner or lessee to release any information needed to confirm my Andover residency.

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut.

I also understand that this document may be used in a court of law as evidence against me.

**If you are the guardian of the student, please indicate the date and source of your authority.

Date _____ Authority _____

I, _____, understand that I have full
(Name of Person)
responsibility for this student concerning any and all school disciplinary, administrative, and medical matters.

_____)
Witness (Notary Public) Date

Host Signature Date

Parent Signature Date

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(860) 742-7339**

PARENT/GUARDIAN'S STATEMENT

I hereby certify that _____ is my _____
(Student's Name) (Relationship)

and he/she resides with _____ who is _____
(Name of Person) (Relationship)

at _____
(No. and Street) (Telephone #)

I further certify that this is intended to be a bona fide permanent address at which my child will be living for ____ days and ____ nights per week and that I am not providing payment for having my child reside with _____. I further certify that my son/daughter is not living with me because _____

As a parent/guardian of the student named on this form, and as a nonresident of the Town of Andover, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Andover, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the Town of Andover, 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 Andover Elementary School illegally, the Town of Andover reserves the right to recover the costs for such education from me, the undersigned.

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut.

I also understand that this document may be used in a court of law as evidence against me.

I hereby certify that the said _____ has full right
(Person's Name)
to act in my child's behalf concerning any and all school disciplinary, administrative, and medical matters.

Witness (Notary Public) Date

Parent/Guardian Signature Date