



## 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?**



Colchester Public Schools
ENROLLEE VERIFICATION OF RESIDENCE FORM
Parent/Legal Guardian Statement

I, (print name) \_\_\_\_\_,

reside at (address) \_\_\_\_\_.

I am the parent/legal guardian of (student): \_\_\_\_\_ DOB: \_\_\_\_\_,

who resides with \_\_\_\_\_ at (address) \_\_\_\_\_.

Phone number: \_\_\_\_\_.

Parent/Caregiver email: \_\_\_\_\_.

I certify that the above-named student resides full time (7 days a week) at the permanent address listed above. (If there is shared custody, a legal document reflecting at least 50% residency in Colchester will be required.) I understand that falsification of any information or documents required for this verification may lead to the disenrollment of the above-named student and may lead to liability for tuition and possible prosecution under the criminal statutes of the State of Connecticut.

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

In order to verify district residence, the child (if over 18), parents or caregivers, or an emancipated minor must sign above and provide documents from any of the items listed below:

SECTION ONE: Proof of identification (photo ID) Provide ONE.

- a. Driver's license
b. Non-Driver photo ID
c. Valid passport with photo

SECTION TWO:

Homeowners:

Deed to home, current mortgage bill, or homeowner's property tax statement

Renters:

Signed active lease or rental agreement that is also signed by your landlord with landlord's contact number

SECTION THREE: Residency verification; Provide TWO proofs of residency documents dated within 30 days in the same name and to the same address:

- Current utility bill (water, light, gas or cable)
Home telephone bill
Other

SECTION FOUR:

Proof of Student's age:

- Photocopy of a birth certificate
Earlier school records
State-issued identification document
Driver's license, passport, etc.
Parent's affidavit or unsworn statement as to a student's age
Physician's certificate verifying a student's age
Immunization records
Other

If the student is living permanently in a dwelling that is rented, owned, or occupied by a resident of Colchester, who is not the student's parent/guardian, that resident of Colchester must bring documentation mentioned in Sections Two and Three, present photo identification and complete the Host Statement. The parent/guardian must complete the Parent Statement. A Residency Affidavit must be completed by the parent and host together. Please contact the Director of Pupil Services and Special Education for Colchester Public Schools if the student's residence is not permanent.

Documents seen by (signature): \_\_\_\_\_

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