

District Residency Verification Information

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



Hebron Public Schools Magnet School Residency Verification



Below are to documents needed for Hebron residency verification:

- <u>Proof of Age (one of the below)</u>
 Birth Certificate Photocopy
 Earlier School Records
 Passport
 State Issued Identification Document(s)
 Adoption Record(s)
 Physician's Certificate
- 1st Address Verification (one of the below)* Mortgage Document Lease/Rental Agreement Property Tax Statement

• <u>2nd Address Verification (one of the below)</u>

Utility Bill Cable Bill Internet Bill

*If your name is not on the mortgage or lease agreement, please have the person who's name is on the mortgage or lease agreement fill out and return the Affidavit for Purpose of Residency along with an item from the 2nd Address Verification list.

Affidavit for Purposes of Residency

Local Resident

| State of Connecticut | | | | |
|---------------------------|------------------|----------------|---------------|---------------|
| | as: | | | |
| County of | | | | |
| | | | | |
| Personally appeared | | | _, who made | e oath to the |
| following: | | | | |
| 1. I am a resident of the | Town of | | | , State of |
| Connecticut. My resi | | | | |
| | | | | |
| 2. A child by the name of | | | _ currently | |
| resides with me at the | e address state | ed above. | | |
| 3. I receive | (pav) | (no pay) for p | oroviding suc | h residence. |
| | ut inapplicable | | 0 | |
| | | | | |
| 4. I intend such residen | | | | |
| (temp | | | | |
| (cross o | out inapplicable | e response) | | |
| | | | | |
| Subscribed and sworn to | | | | |
| before me, this | | | | |
| day of | | | | |
| 20 | | | | (L.S.) |
| | | Loca | l Resident | |
| | | | | |
| | | | | |
| Notary Public | | | | |

Student's Date of Birth_____