



**District Residency Verification Information**

District: Killingly Public Schools

Contact Name: Keely Doyle or Susan Theroux

Email: Kdoyle@killinglyschools.org OR stheroux@killinglyschools.org

Phone: 860 779-6600

Street Address: Central Office - 79 Westfield Ave. Killingly CT 06239

Hours of operation: 8:00-4:30

**Directions and Parking Information:**

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

see Attached

**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)**

# KILLINGLY PUBLIC SCHOOLS

## Documents Accepted for Proof of Residency

Any parent or legal guardian requesting registration-enrollment at a school in the Town of Killingly must provide two (2) original supportive documents from the following list to establish that the parent, or legal guardian, child/children in question, are in fact fulltime legal residents within the geographical boundaries of the Town of Killingly.

The VERIFICATION OF RESIDENCE AFFIDAVIT is NOT considered a required supportive document.

### NOTE:

Documents must be computer generated/ typed and be dated within the last thirty (30) days.

No copies will be accepted.

All documents must include the names(s) and physical address location of the parent/legal guardian.

Documents bearing only a post office box number address are unacceptable.

### Documents Accepted for Proof of Residency

- Computer generated bill from a bank or mortgage company, utility company, credit card company or doctor or hospital
- Bank statement or bank transaction receipt showing the bank's name and mailing address
- Pre-printed pay stub showing your employer's name and address
- W-2 form property or excise tax bill, or social security administration or other pension or retirement annual benefit summary statement dated within the last thirty (30) days
- Medicaid or Medicare benefit statement
- Current valid homeowner's, renter's, or motor vehicle insurance policy dated within the last thirty (30) days
- Current motor vehicle loan statement for a motor vehicle registered in your name
- Residential mortgage or similar loan contract, lease or rental contract showing signatures from all parties needed to execute the agreement and dated within the last thirty (30) days
- A water bill detailing the current residence address and dated within the last thirty (30) days
- First class mail (USPS, UPS, FED-EX etc.)
- Town of Killingly/State of Connecticut voter registration card
- Change of address confirmation from the United States Postal Service showing your prior and current residence address (form CNL-107)
- Survey of your Killingly, CT property issued by a licensed surveyor
- Connecticut pistol-handgun permit
- Parent or legal guardian of child may provide any two (2) of the above documents addressed to the parent residing at the same address to prove minor residency.



# KILLINGLY PUBLIC SCHOOLS

Robert J. Angeli  
Superintendent of Schools  
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Sue Nash-Ditzel  
Assistant Superintendent of Schools  
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## VERIFICATION OF RESIDENCE AFFIDAVIT

To Be Completed and Submitted by the **Parent and/or Legal Guardian**

~ Enrollment is subject to the satisfactory completion and submission of all required registration forms ~  
See next page for a list of accepted, Proof of Residency documents.

I, \_\_\_\_\_, the parent(s)-legal guardian(s) of:

\_\_\_\_\_  
(insert name(s) and date of birth of child-children)

do hereby affirm that I am residing at the following physical address [mailing address may be different from physical address]:

\_\_\_\_\_  
(insert physical address and contact number of primary leaseholder if leased or rented residence)

I understand that the Killingly Board of Education has the right to conduct an Attendance Investigation to verify my residence including a visit to the home of the primary leaseholder. I also understand that registration and enrollment in school is based on eligibility determined by several factors including but not limited to my / my children's physical address-residence location. In the event that my residency or my child's residency changes, I agree to notify my child's school administration and present new proof of residency – physical address location. I also understand that in the event the State Board of Education rules that my child was not a resident of the district and not entitled to school accommodations I may be assessed tuition costs [CGS 10-186]. I certify that the information provided in this affidavit is the truth under penalty of perjury.

### WAIT-PLEASE SIGN IN THE PRESENCE OF A NOTARY PUBLIC

Parent-Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BELOW FOR NOTARY USE ONLY

STATE OF CONNECTICUT

SS: \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

[ affix seal – required ]

cc: School Administrator  
Student Academic Permanent File  
Other as Necessary \_\_\_\_\_

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## VERIFICATION OF RESIDENCE AFFIDAVIT To Be Completed and Submitted by **Primary Owner – Landlord**

~ Enrollment is subject to the satisfactory completion and submission of all required registration forms ~

I hereby affirm that \_\_\_\_\_  
(tenant – parent - legal guardian insert name of parent-legal guardian and child-children)

are residing at \_\_\_\_\_  
(insert physical address)

As property owner-landlord I understand that by signing this affidavit I am verifying the current fulltime physical residence of the parent and/or legal guardian and children listed above:

\_\_\_\_\_  
(property owner-leaseholder insert the name/s of parent-legal guardian and child-children listed above)

I understand that the Killingly Board of Education has the right to conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to my residence and interviews of my tenant's neighbors. I agree to cooperate and may be contacted should the Killingly Board of Education require further information and verification. I also understand that in the event the State Board of Education rules that the child are not a resident of the district and not entitled to school accommodations the tenant may be assessed tuition costs [CGS 10-186]. I certify that the information I provided in this affidavit is the truth under penalty of perjury.

Primary Leaseholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

### BELOW FOR NOTARY USE ONLY

STATE OF CONNECTICUT

SS: \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

[ affix seal – required ]

cc: School Administrator  
Student Academic Permanent File  
Other as Necessary \_\_\_\_\_