



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?

Please return responses and any additional paperwork to wjsonstrom@learn.k12.ct.us