



Residency Verification Form

Please bring this form, along with appropriate Proof of Residency documentation*, to the Board of Education (BOE) in the town in which you live to verify your address, then return it to the LEARN school that your child attends.

***please visit our website at:**

http://www.learn.k12.ct.us/departments/otl/magnet_school_office/district_residency_verification_information
for specific requirements for your District of Residence.

Districts require proof of residency to verify and accept your child's enrollment in a magnet school.

Registration for:

<input type="checkbox"/> <i>The Friendship School</i> Fax: 860-447-4056	<input type="checkbox"/> <i>Connecticut River Academy</i> Fax: 860-216-9641
<input type="checkbox"/> <i>Riverside Magnet School at Goodwin College</i> Fax: 860-709-6897	<input type="checkbox"/> <i>Marine Science Magnet High School</i> Fax: 860-446-9381
<input type="checkbox"/> <i>Regional Multicultural Magnet School</i> Fax: 860-437-1585	<input type="checkbox"/> <i>Three Rivers Middle College Magnet High School</i> Fax: 860-215-9913

Student Name: _____ Age: _____ DOB: _____

Grade Entering: _____ Parent/Guardian Name: _____

Parent Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

The above information is correct and accurate.

Parent/Guardian Signature Date

This section is to be completed by the School District that student resides in:

This verifies that _____ resides in the _____
School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Phone Number: _____

Date: _____

(District Stamp)



Formulario de Verificación de Residencia

Lleve este formulario junto con la documentación apropiada de Prueba de residencia a la Junta de educación del pueblo en el que vive para verificar su dirección y luego devuélvalo a la escuela LEARN a la que asiste su hijo.

***Por favor visite nuestro sitio web en:**

http://www.learn.k12.ct.us/departments/otl/magnet_school_office/district_residency_verification_information
para requisitos específicos para su Distrito de Residencia.

Los distritos requieren prueba de residencia para verificar y aceptar la inscripción de su hijo en una escuela magnet.

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Nombre del Estudiante: _____ Edad: _____ Fecha de Nac.: _____

Grado Entrante: _____ Nombre del Padre/Encargado: _____

Dirección Completa: _____

Tel. de Casa: _____ Tel. Celular: _____

Tel. del Trabajo: _____ Correo Electrónico: _____

La información anterior en correcta y precisa.

Firma del Padre/Encargado

Fecha

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