



BETHEL PUBLIC SCHOOLS

PROOF OF RESIDENCY

Prior to enrollment in the BETHEL PUBLIC SCHOOL DISTRICT, proof of residency will be required. These procedures provide the forms that parents or those responsible for resident children must complete as a proof of residency.

The procedures described herein, including the requirements for the completion of forms, shall be used for all students enrolled in, or seeking to enroll in, Bethel Public Schools.

Notwithstanding the foregoing, if any procedure or form described in these administrative regulations conflicts with the procedures described in the Bethel Public Schools regarding Homeless Children and Youth, the provisions concerning homeless children and youth shall control.

These forms expire one (1) year from the date of signing. Forms must be updated and submitted to the child/ren's school.



BETHEL PUBLIC SCHOOLS

CERTIFICATION OF RESIDENCE

DATE: _____

RE: _____

As part of our residency process, we are requesting that you as the landlord/owner of or the family residing at the following residence providing this notarized statement verifying that:

Name of Student(s) _____

Name of Parent(s)/Guardian(s) _____

Reside at the following address: _____.

I, _____ certify that the named student(s) and parent(s)/guardian(s)

() live/rent, or () reside with me at the above-listed address, in a home owned or occupied by me in Bethel, CT.

I realize that if I make a false statement as to residency, I may be held liable for a share of the cost for the education of said student if the student, in fact, does not reside within the Bethel Public School District.

I understand that my failure to respond to this request, or that a perjured or fraudulent statement may lead to the disenrollment of the above-named student(s). In addition, the parent(s) may be prosecuted to the extent permitted under the criminal statutes of the State of Connecticut. I also understand that this document may be used as evidence in a court of law.

I agree to immediately notify the Bethel Public School District if this student ceases to reside at this address.

Signed: _____

Date: _____

Signed and sworn to before me this ____ day of ____, 20__

Notary Public

If you have any questions regarding this form, please contact the District Registrar at (203) 830-7355, Bethel Board of Education, 1 School Street, Bethel, CT 06801.

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PARENT'S STATEMENT

I hereby certify that _____ is my _____
(Student's Name) (Relationship)

and he/she resides with _____ who is _____
(Name of Person) (Relationship)

at _____
(No. Street) (Telephone #)

I further certify that this is intended to be a bona fide permanent address at which my child will be living for _____ days and _____ nights per week and that I am not providing payment in order to have my child reside with _____ to attend school in the Bethel Public School District.

I further certify that my son/daughter is not living with me because _____

As a parent of the student named on this form, and as a nonresident of the Bethel Public School District, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Bethel, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the Town of Bethel, in which event the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending the Bethel Public Schools illegally, the Bethel Public School District reserves the right to recover the costs for such education from me, the undersigned.

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut.

I also understand that this document may be used in a court of law as evidence against me.

OPTIONAL: I hereby certify that the said _____ has
(Person's Name)
full right to act on my child's behalf concerning any and all school disciplinary, administrative, and medical matters.

Notary Public

Date

Signature

Date

These forms expire one (1) year from the date of signing. Forms must be updated and submitted to the child/ren's school.



BETHEL RESIDENT/HOST'S STATEMENT

I hereby certify that _____ is my _____
(Student's Name) (Relationship)

and that he/she legally resides with me at _____.
(No. and Street)

I further certify that this is intended as a bona fide permanent address, that this child will be living with me
___ days and ___ nights per week, and that I am not receiving payment for having this child reside with me in
order to attend school.

I certify that this child is residing with me because _____

As the host of the student named on this form, and as a resident of the Bethel Public School District, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Bethel, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the Town of Bethel in which event the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending the Bethel Public Schools illegally, the Bethel Public School District reserves the right to recover the costs of such education from me, the undersigned.

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut.

I also understand that this document may be used in a court of law as evidence against me.

* * If you are the guardian of the student, please indicate the date and source of your authority:

Date _____ Authority _____

OPTIONAL: I, _____, understand
(Name of Person)

that I have full responsibility for this student concerning any and all school disciplinary, administrative, and medical matters.

Notary Public Date Signature Date

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