

JFA-FORM - RESIDENCY VERIFICATION FORM

In accordance with District policy, the school must have pupil and family data on file. Only such data as is essential to the educational progress, well being of the pupil, and proof of residency will be required and it must be updated at least annually to insure its accuracy and reliability. If this information changes during the school year, please notify the office immediately.

Please complete the following:

Student Name:

(Please Print) Last First Middle Grade
M/F

Date of Birth: _____

District residency policy states that residency for the purpose of enrollment in a District school shall be defined by RSA 193:12. (A copy of New Hampshire RSA 193:12 Legal Residence is attached.) Per RSA 193:14 no pupil shall have been assigned to a particular school by the school board (per residency laws) shall attend any other school until assigned thereto. Violators of this residency policy will be aggressively pursued and prosecuted under state law to recover lost tuition and legal fees. The Board reserves the right to request proof of residency and custody (if applicable) for students new to the District and students in District suspected of not having legal residency per state law.

Home Address - For purposes of identifying your legal residence, you must provide your legal residence, your street address including street number and apartment/duplex designation (number/letter).

HOME ADDRESS _____
(Street/Town)

HOME PHONE _____ *Unlisted? _____

MAILING ADDRESS _____
(Street/Town)

Pupil Living With: Both Parents _____ Mother _____ Father _____

Guardian _____ Other _____ Relationship _____

Father: _____

Mother: _____

Home Address: _____

Home Address: _____

Phone (Home) _____

Phone (Home)

Phone (Work) _____

Phone (Work)

STEP-PARENT/GUARDIAN/OTHER: _____

Home Address: _____

Phone: _____

CUSTODY ISSUE? _____ Yes _____ No

Please supply the school with any court orders, including but not limited to custody, guardianship, etc., which would prove residency and assist the school in communicating with you and providing a safe environment for your child.

Children in family, starting with oldest. PLEASE LIST FULL NAME AND AGE:

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Parent/Guardian Signature(s) Required. The truth of the information contained in this form will be relied upon in determining the legal residence of this pupil within the district and his/her right to be provided with a tuition-free education in the Fremont School District in accordance with the Education Law of the State of New Hampshire.

We certify that the information contained herein is true, accurate and complete under pains and penalties of New Hampshire law.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

**** Access to unlisted numbers is limited to school personnel.***

***** This information is kept confidential and limited to school personnel on a need to know basis.***

APPROVED: December 14, 2004