



## South Windsor Public Schools

1737 Main Street • South Windsor, CT 06074

Phone: (860) 291-1200 • Fax: (860) 291-1291 • [www.southwindsorschools.org](http://www.southwindsorschools.org)

### RESIDENCY AFFIDAVIT INSTRUCTIONS

**Residency must be permanent, provided without pay, and not for the sole purpose of obtaining school accommodations.**

#### FORMS REQUIRED

All applicable Residency Affidavit forms need to be completed in front of a **Notary Public**. Do not fill in the form(s) until you are in the presence of a notary.

|   |  |
|---|--|
| <b>Complete for all situations, plus forms from either A, B, or C below, as applicable:</b> | <b>Residency Questionnaire</b> – To be completed for all types of residency verifications in order to collect demographic specific information pertaining to the South Windsor Public Schools student(s) for whom the affidavit information applies.   |
| <b>A</b>  | <b>Parent/Guardian Affidavit for Residency</b> - To be completed by a parent who does not reside in South Windsor because a minor child is living with another person (parent/guardian, relative or friend) who does live in South Windsor.<br><br><b>PLUS, Host Affidavit for Residency</b> – To be completed when a student resides with someone other than his/her parent or guardian. The Host Affidavit must be completed by the South Windsor resident, accompanied by proof of residency documents (listed below), and notarized. If the Host is a non-custodial parent or guardian, a copy of the court-ordered guardianship document is required. |
| <b>B</b>  | <b>Residency Certification of Property Owner/Landlord</b> – To be completed when a parent/guardian of a student enrolled in South Windsor Public Schools does not have a mortgage or lease agreement. This affidavit is to be completed by the property owner or landlord. The Property Owner/Landlord certification must be completed by the South Windsor resident, accompanied by proof of residency documents (listed below), and notarized.   |
| <b>C</b>  | <b>Adult Student Affidavit</b> - To be completed by a student who is over the age of eighteen (18) who qualifies to attend high school. The student's parent(s) may or may not reside in South Windsor; however, the student must reside in South Windsor. This form is completed when the student does not have the required proof of residency documents in his/her own name, and must be <b>accompanied by a Host Affidavit for Residency</b> .   |

#### ACCEPTABLE PROOF OF RESIDENCY DOCUMENTS

Three documents are required to demonstrate proof of residency. **The burden of proof in determining residency shall be on the party claiming residency in the town of South Windsor.** One document which demonstrates property **rights** (mortgage statement, property tax bill, ownership deed or lease/rental agreement (must be updated annually), plus two documents which demonstrate property **occupancy**: one or more utility bills (cable, water, electric, gas/oil, telephone), auto registration/auto insurance plus valid driver's license with current South Windsor address; voter's registration card; current homeowner's insurance declaration page.

Items must be submitted in person to the South Windsor Board of Education Registration Office (1737 Main Street, South Windsor, CT 06074). Call (860) 291-1244 to schedule an appointment to bring your packet to the South Windsor Board of Education. If you do not have an appointment when you arrive, you will be asked to make an appointment and come back at your scheduled time.

Questions? Please contact Kristen Kozel, Registrar, by phone at (860) 291-1244 or by email at [registration@swindsor.k12.ct.us](mailto:registration@swindsor.k12.ct.us).



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### RESIDENCY QUESTIONNAIRE

(Required for all types of residency verifications. All sections must be completed for the form to be valid.)

**Replies are kept confidential and are intended to be used only to certify that a student is entitled to attend South Windsor Public Schools.**

#### STUDENT INFORMATION

**First** Child's Name (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

**Second** Child's Name (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

**Third** Child's Name (Last, First, Middle) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

**Mother's** Name: \_\_\_\_\_

Address (including apartment/unit number): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Father's** Name \_\_\_\_\_

Address (including apartment/unit number) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### HOST INFORMATION

Host's Name \_\_\_\_\_

Host's Relationship to Student: \_\_\_\_\_

Address (including apartment/unit number): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Student/Family: \_\_\_\_\_

Date student moved to this residence: \_\_\_\_\_

If the student is not living with his/her family, will the student return to live with his/her family during school vacations, weekends, and/or the summer? (If yes, please explain on back of form.) ☐ Yes ☐ No ☐ NA

Will the student be staying at the host's home seven days a week? (If no, please explain on back of form.) ☐ Yes ☐ No

Will any fees be paid for living at the residence? (If yes, please explain on back of form.) ☐ Yes ☐ No

#### Residency Questionnaire completed by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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### A. PARENT/GUARDIAN AFFIDAVIT FOR RESIDENCY

The South Windsor Board of Education, in compliance with Connecticut General Statute 10-253(d), requires this form to be completed for **any student who is residing with someone other than his/her parent or guardian** (hereafter, the "Host") within the town of South Windsor. This section of the Residency Affidavit must be completed by the **child's parent or guardian**.

I hereby certify that \_\_\_\_\_ is my \_\_\_\_\_  
(Name of Student) (son / daughter)

and that he/she resides with \_\_\_\_\_ who is \_\_\_\_\_  
(Name of Host) (Relationship)

at the following address \_\_\_\_\_  
(No. and Street Address in South Windsor)

I further certify that this is intended as 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 for having my child reside with anyone.

I understand that, in my absence, the Host will have full responsibility for my child concerning any and all school disciplinary, administrative and medical matters.

**I understand that this Parent/Guardian Affidavit for Residency is valid for the current school year only and must be renewed annually.**

As a parent/guardian of the student named on this form, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of South Windsor, the student is eligible for free public school privileges from the South Windsor Public Schools district. I agree to notify the South Windsor Public Schools Residency Office (1737 Main Street, South Windsor, CT 06074) within 15 days of termination of the student's permanent residency in the town of South Windsor, in which event the child will no longer be eligible for free school privileges from South Windsor Public Schools.

Finally, I understand that should the child be found to be attending South Windsor Public Schools illegally, the Town of South Windsor reserves the right to recover the costs of such education from me, the undersigned.

I understand that a perjured or false statement may lead to the disenrollment of the above-named child and 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.

**\*\* MUST BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC OFFICIAL \*\***

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**STATE OF CONNECTICUT ]  
COUNTY OF HARTFORD ]**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to on this instrument, and acknowledge that he/she executed the same for the purpose herein contained.

In witness whereof, I hereunto set my hand and stamp or seal.

Signature of Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_



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### A. HOST AFFIDAVIT FOR RESIDENCY

The South Windsor Board of Education, in compliance with Connecticut General Statute 10-253(d), requires this form to be completed for any student who is residing with another individual(s) (hereafter, the "Host") within the town of South Windsor. This section of the Residency Affidavit must be completed by the individual(s) with whom the student resides, regardless of whether the parent/guardian may also be residing with the host family at the same address. Per South Windsor Public Schools residency requirements, **Proof of Residency documents confirming the Host's permanent address in the town of South Windsor are also required.**

I hereby certify that \_\_\_\_\_ is my \_\_\_\_\_  
(Name of Student) (Student's Relationship to Host)

and that he/she legally resides with me at \_\_\_\_\_  
(No. and Street Address in South Windsor)

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.

I certify that this child is residing with me because (indicate reason): \_\_\_\_\_

If you are the guardian of the above-named student, please indicate the date and source of legal authority for the child:

Document Dated: \_\_\_\_\_ Authority: \_\_\_\_\_  
(A copy of guardianship documents must be provided for student's file)

***If the student is not residing with a parent/guardian, the following additional statement must also be acknowledged:***

☐ I, the undersigned host, understand that I have full responsibility for the above-named student in the absence of his/her parent/guardian concerning any and all school disciplinary, administrative and medical matters.

**I understand that this Host Affidavit for Residency is valid for the current school year only and must be renewed annually.**

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

**\*\* MUST BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC OFFICIAL \*\***

Host Name: \_\_\_\_\_ Date: \_\_\_\_\_

Host Signature: \_\_\_\_\_

**STATE OF CONNECTICUT ]**

**COUNTY OF HARTFORD ]**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to on this instrument, and acknowledge that he/she executed the same for the purpose herein contained.

In witness whereof, I hereunto set my hand and stamp or seal.

Signature of Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_



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### B. RESIDENCY CERTIFICATION OF PROPERTY OWNER/LANDLORD

This form shall be completed on behalf of families who have no other proof of residency, and are living with someone who is the owner/tenant of a residence in South Windsor. As a part of our residence verification process, we are requesting that the owner/tenant of the residence in South Windsor answer the following questions to assist the school in assessing residency for purposes of school attendance. **This form must be completed annually.**

I, \_\_\_\_\_, as the property manager/agent of the dwelling located at \_\_\_\_\_  
(Name of Property Owner/Landlord or Property Manager)

(No. and Street Address in South Windsor)

(Telephone Number)

hereby certify that I am renting space in this dwelling on a ☐ weekly / ☐ monthly / ☐ annual basis to the following person(s) beginning on \_\_\_\_\_.

The following person(s) are identified as tenants having the right to be occupants in the above-referenced dwelling:

Tenant Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Name(s) of Tenant's Child(ren) [who are enrolled in SWPS]: \_\_\_\_\_

List all other persons residing in dwelling:

| Last Name | First Name | Relationship to Student |
|-----------|------------|-------------------------|
|           |            |                         |
|           |            |                         |
|           |            |                         |

The payment of Electric Utility bills is included in the rent: ☐ Yes ☐ No

(If yes, a copy of a recent Electric Utility Bill for this dwelling, **indicating the Property Owner/Landlord's name**, must be submitted.)

**I understand that this Property Owner/Landlord Affidavit is valid for the current school year only and must be renewed annually.**

As a property owner/landlord, I certify that I will notify the South Windsor Public Schools Residency Office (1737 Main Street, South Windsor, CT 06074) within 15 days of termination of this tenancy relationship.

**\*\* MUST BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC OFFICIAL \*\***

Signature of Landlord/Property Owner: \_\_\_\_\_

Date: \_\_\_\_\_

**STATE OF CONNECTICUT ]  
COUNTY OF HARTFORD ]**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to on this instrument, and acknowledge that he/she executed the same for the purpose herein contained.

In witness whereof, I hereunto set my hand and stamp or seal.

Signature of Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_



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### C. ADULT STUDENT AFFIDAVIT FOR RESIDENCY (Students Over Age 18)

The South Windsor Board of Education, in compliance with Connecticut General Statute 10-253(d), requires this form to be completed for **any student who is residing with someone other than his/her parent or guardian** (hereafter, the "Host") within the town of South Windsor. This section of the Residency Affidavit must be completed by the **adult student if over the age of 18**.

I hereby certify that I, \_\_\_\_\_, reside with  
(Name of Student)

\_\_\_\_\_ who is my \_\_\_\_\_, at the following address:  
(Name of Host) (Relationship)

\_\_\_\_\_  
(No. and Street Address in South Windsor)

I further certify that this is intended as a **bona fide permanent** address at which I will be living for \_\_\_\_\_ days and \_\_\_\_\_ nights per week, and that neither I nor my parents are providing payment to reside with this person at this address.

I certify that I am not living with my parents because: \_\_\_\_\_

**I understand that this Adult Student Affidavit for Residency is valid for the current school year only and must be renewed annually.**

I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of South Windsor, I am eligible for free public school privileges from the South Windsor Public Schools district. I agree to notify the South Windsor Public Schools Residency Office (1737 Main Street, South Windsor, CT 06074) within 15 days of termination of my permanent residency in the town of South Windsor, in which event I understand that I will no longer be eligible for free school privileges from South Windsor Public Schools.

Finally, I understand that should I be found to be attending South Windsor Public Schools illegally, the Town of South Windsor reserves the right to recover the costs of such education from me, the undersigned.

I understand that a perjured or false statement may lead to my disenrollment and 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.

**\*\* MUST BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC OFFICIAL \*\***

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**STATE OF CONNECTICUT ]  
COUNTY OF HARTFORD ]**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to on this instrument, and acknowledge that he/she executed the same for the purpose herein contained.

In witness whereof, I hereunto set my hand and stamp or seal.

Signature of Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_