

STRATFORD PUBLIC SCHOOLS
Stratford, Connecticut

CUSTODY AFFIDAVIT- Renewal

This form is to be completed by the custodial parent, Stratford guardian and student (where applicable) and returned to the Principal's Office. **PLEASE FILL IN ALL BLANKS.**

School for 2003/04: _____ **GRADE** for 2004-05: _____

Student's Name: _____

Stratford Address: _____ **ZIP** _____

Home telephone number in Stratford: _____

Name under which the number is listed: _____

Name of student's father: _____

Father's address: _____
(street, town, zip)

Name of student's mother: _____

Mother's address: _____
(street, town, zip)

Name of Student's guardian: _____

Guardian's address: _____ **ZIP** _____

Has there been any changes to the above student information during the last year?

No _____ Yes _____ Please explain.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE.

1. Name and address of guardian.

Name: _____ Telephone: _____

Address: _____ ZIP: _____

2. What is the relationship between the student and the guardian?

_____ Relative Please explain _____

_____ Non Relative Please explain _____

3. Is remuneration to be received for housing the student, i.e., room, board, travel, medical?

_____ YES (Please specify .) _____ NO

STATEMENT OF CUSTODIAL PARENT

I hereby declare under the penalties of perjury that all of the information supplied on this form is correct to the best of my knowledge. I understand that if any of the information is incorrect, and the student is not entitled to enroll tuition-free as a Stratford resident, the student shall be discharged from enrollment in the Stratford Public Schools according to the Connecticut General Statutes, Sections 10-186, and 10-253, and the prevailing tuition charge for such student will be assessed against me and/or us for each day the student was so enrolled. I understand, in order to establish residency, the Attendance Officer may visit at any hour of the day, day of the week, or week of the year.

I have read and understand the above statement.

Signature (Custodial Parent of Student)

Date signed _____

*** * * * ***
NOTARY PUBLIC

Personally appeared _____ of
(Name of Parent)

(Address) (town)

who swore to the truth of the foregoing on this (date) _____

(Signature of Notary Public)

NOTARY SEAL _____
(Expiration Date)

STATEMENT OF GUARDIAN (Stratford Resident)

I hereby declare under the penalties of perjury that all of the information supplied on this form is correct to the best of my knowledge. I understand that if any of the information is incorrect, and the student is not entitled to enroll tuition-free as a Stratford resident, the student shall be discharged from enrollment in the Stratford Public Schools according to the Connecticut General Statutes, Sections 10-186, and 10-253, and the prevailing tuition charge for such student will be assessed against me and/or us for each day the student was so enrolled. I understand, in order to establish residency, the Attendance Officer may visit at any hour of the day, day of the week, or week of the year.

I have read and understand the above statement. I understand the Stratford Public Schools will rely upon the information provided to admit the student(s) to the school. Statements found to be false may be referred to the police or legal counsel for legal action.

(Signature of Guardian)

Date signed _____

* * * * *
NOTARY PUBLIC

Personally appeared _____ of
(Name of Guardian)

(Street address) Stratford, CT who swore

to the truth of the foregoing on (date) _____.

(Signature of Notary Public)

NOTARY SEAL

(Expiration Date)

Principal's Statement

I have reviewed this document and find the information coincides with the information currently on file on the student's record.

(Signature) (Date)

(Signed form to be returned to the Superintendent's Office.)