



# SOMERSET PUBLIC SCHOOLS

## AFFIDAVIT OF RESIDENCY

I/we, the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, hereby certify as follows:

1. I/we reside at:

No.	Street	Apt/Unit No.	Somerset, MA	Zip Code	Telephone
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2. I/we wish to enroll / continue the enrollment of the above named student in the Somerset Public Schools for the **2019 - 2020** school year. I/we understand that pursuant to Massachusetts law and Somerset School Committee policy, students who actually reside in the Town of Somerset may attend the Somerset Public Schools and students who do not actually reside in the Town of Somerset may not attend the Somerset Public Schools.

3. I/we hereby certify that the above named student resides with me at the Somerset, Massachusetts address shown on this form.

4. I/we acknowledge that I am/we are required to notify the Principal of the above student's school, **in writing**, of any change in said student's address within five (5) calendar days of such change of address and **to provide new proof of residency** pursuant to the Somerset Public Schools Admission policy.

5. I/we understand that this affidavit will be relied upon by the Somerset Public Schools for the purpose of determining the above student's eligibility to attend the Somerset Public Schools on the basis of residency. If said student is enrolled in the Somerset Public Schools based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Somerset, I/we understand that the student's enrollment in the Somerset Public Schools may be promptly terminated and I/we may be held jointly and severally liable to the Somerset Public Schools for the student's tuition for the full academic year.

6. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

**Signed under the pain and penalties of perjury on this**

_____	_____	_____
<b>(DAY)</b>	<b>(MONTH)</b>	<b>(YEAR)</b>

_____	_____
<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>