EASTON, REDDING, AND REGION 9 SCHOOL DISTRICTS
654 MOREHOUSE ROAD, P.O. BOX 500 EASTON, CONNECTICUT 06612
OFFICE (203) 261-2513 FAX (203) 261-4549
WEB SITE: WWW.ER9.ORG

AFFIDAVIT FOR PURPOSES OF RESIDENCY

IT IS A VIOLATION OF CONNECTICUT CRIMINAL STATUTE, CGS 53A-157, TO MAKE A FALSE WRITTEN STATEMENT. THE POLICE DEPARTMENTS IN EASTON and REDDING ASSIST THE BOARDS OF EDUCATION IN INVESTIGATIONS OF PUPIL RESIDENCY CLAIMS. FRAUDULANT CLAIMS ARE SUBJECT TO PROSECUTION.

Students Parent/Guardian Names: (Please Print)__________________________________________________________

1. I (We) currently reside with (Homeowners Name): ________________________________________________________
   Street Address _______________________________________________________________________________________
   In the Town of Easton or Redding, in the State of Connecticut.

2. I (We) intend such residence* to be permanent.

3. I (We) intend such residence to be provided without payment.

4. Such residence is being provided without payment.

5. Our residence is NOT for the sole purpose of obtaining school accommodations in the Easton/Redding/Region 9 School District.

*RESIDENCE shall refer to domicile, i.e. a person's true, fixed and permanent home or place of habitation, where he or she intends to reside permanently.

_____________________________________________  ____________________________________________
Student’s Name(s), Grade(s), and School(s)                      Parent/Guardian Signature  Date

_____________________________________________  ____________________________________________
Parent/Guardian Signature  Date

_____________________________________________
Resident Homeowner’s Signature  Date

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

STATE OF CONNECTICUT)
   )ss:
   COUNTY OF FAIRFIELD   )

This affidavit is valid for 1 school year and must be resubmitted every year for children’s enrollment in ER9 schools.

School Year __________________