

HORACE W. PORTER SCHOOL
Parent/Guardian & Student Living Together at the Home of a District Resident

1. Do you own the residence in Columbia at which you and the student are living? Yes No

If no, do you rent at the address where you are living? Yes No

If no, are you and the student residing with an individual or individuals who are residents of Columbia? Yes No

If yes, please provide the name(s) of the Columbia resident(s) with whom you are residing:

Please provide the address of the Columbia resident(s) with whom you are residing:

2. Why are you and the student residing with the Columbia resident(s)?

3. For how long is it anticipated that this arrangement is intended to last?

4. Are you providing financial or other compensation to this person? Yes No

If yes: What form of compensation? _____

In what amount? _____

For what purpose(s)? _____

5. Will the student spend time at a residence outside of the District? Yes No

Please provide the address(es):

6. How much time will the student be spending at the above address(es)?

- Weekends
- School vacations
- Weeknights
- Other:

7. Is there anything else the school needs to know about this living arrangement?

In signing this document, I understand and acknowledge that I am representing that my child is entitled to free school accommodations from the Town of Columbia by virtue of their having a legal residence at the above-named address. I understand that if the information provided in connection with this questionnaire is determined to be false or misleading, resulting in the child/children named above to not be legally entitled to attendance in the Columbia Public Schools, the school district may take legal action to recoup valid tuition charges and legal fees. I understand that if it is determined that I have defrauded the Columbia Public Schools, I may also be subjected to the pains and penalties of perjury and false statement and such other remedies as may be available under law.

Signature of Parent/Guardian

Date

Signature of Witness

Signed and sworn before me this ____ day of _____, _____.

Signature

Date

STATE OF CONNECTICUT)
) SS
COUNTY OF)

Personally appeared, _____, and made oath to the truth of the foregoing statement.

Notary Public

My commission expires _____.

THIS DOCUMENT NEEDS TO BE ATTACHED TO REGISTRATION/RESIDENCY FORM