

SPRAGUE SCHOOL DISTRICT
Baltic, Connecticut

ADMINISTRATIVE REGULATIONS REGARDING PROOF OF RESIDENCY

Prior to enrollment in the Sprague Public Schools, proof of residency will be required. These administrative regulations provide the forms that parents or those responsible for resident children must complete as a proof of residency.

The procedures described in these administrative regulations, including the requirements for the completion of forms, shall be used for all students enrolled in, or seeking to enroll in, the Sprague Public Schools. Notwithstanding the foregoing, if any procedure or form described in these administrative regulations conflicts with the procedures described in Sprague Public Schools' Administrative Regulations regarding Homeless Children and Youth, the provisions of the regulations concerning homeless children and youth shall control.

Policy Adopted: December 7, 2011

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

Verification of Residence

NEW ENROLLEE/STUDENT TRANSFER/CHANGE OF ADDRESS (*within Sprague*)

Parent/Legal Guardian Statement

I (print name) _____ the parent or legal guardian of (name)
_____ (address) _____

certify that the above named student actually lives full time (typically 7 days per week) at the above address. The telephone number at the same address is _____ and the telephone number in an emergency is _____. **Grade** _____

This information and the documents provided are accurate. I authorize representatives of the Sprague Public Schools to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student, and may lead to liability for tuition and to criminal penalties for fraud.

Parent/Guardian Signature: _____ Date: _____

For Transfers only

Current School (*send records*) _____ **New School** _____

FOR OFFICE USE ONLY

In order to verify district residence, the child over 18, parents or guardians, or an emancipated minor must sign above and provide documents from any of the items listed below.

- ___ 1. Copy of one of the following at address within the district in the parent's or guardian's name:
 - ___ a. Deed to home or dated rental agreement showing student(s) name
 - ___ b. Escrow papers or signed mortgage commitment
 - ___ c. Current utility or telephone bills
 - ___ d. Notarized letter from landlord or owner acknowledging parent/guardian's and student's residence

- ___ 2. Certificate of Residence and affidavits to be filled out by person with whom family and student reside. Verification visit by Residency Confirmation staff may follow; **child may attend school.**

- ___ 3. Verification visit by Residency Confirmation staff (for situations not covered by 1 and 2); **child may not attend school until complete.**

Documents seen by: _____ on _____

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

CERTIFICATION OF RESIDENCE
(For student living in other than a rental unit dwelling)

DATE: _____

RE: _____

As part of our residency process, we are requesting that you as the landlord/owner of or the family residing at the following residence providing this notarized statement verifying that:

Name of Student(s)

Name of Parent(s)

Reside at the following address: _____.

I, _____ certify that the named student(s) and parents
(local resident/relative/guardian, etc.) (cross out what does not apply)

() live/rent, or () reside with me at the above-listed address, in a home owned or occupied by me in Sprague.

I realize that if I make a false statement as to residency, I may be held liable for a share of the cost for the education of said student if they, in fact, do not reside in Sprague.

I understand that my failure to respond to this request, or that a perjured or fraudulent statement may lead to the disenrollment of the above-named student(s). In addition, the parent(s) may be prosecuted under the criminal statutes of the State of Connecticut. I also understand that this document may be used as evidence in a court of law.

I agree to immediately notify the Sprague Public Schools if this student ceases to reside at this address.

Signed: _____ Date: _____

Signed and sworn to before me this ___ day of ___, 20__

Notary Public

If you have any questions regarding this form, please contact _____, Sprague School District, 25 Scotland Road, Baltic, CT.

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

CONFIDENTIAL

RESIDENCY AFFIDAVIT

The Sprague Board of Education, in compliance with statute 10-253(d) of the State of Connecticut, requires this form to be completed for any student who claims residence in Sprague and is not residing with his or her parent(s) and whose parents are not residing in Sprague. This form is required when there is a question about the child's actual residence. The student, parent and person with whom the student is living must fill out this form together.

Date _____

1. Student's Name _____ DOB: _____
(Last) (First) (Middle)

2. Student's [_____] Address _____
(No. and Street)
(Telephone #)

3. Name of Person With Whom Student Lives _____
Relationship _____
Address _____
(No. and Street)
(Telephone #)

4. Date Student Moved to [_____] _____
(Month) (Day)
(Year)

5. Student's Former Address _____
(No. and Street) (Town) (State)

6. Former School _____ Grade _____

7. Name of Student's Father _____
Father's Address _____
(No. and Street) (Town) (State)
(Telephone #)

8. Name of Student's Mother _____
Mother's Address _____
(No. and Street) (Town) (State)
(Telephone #)

9. Name and Address of Student's Court Appointed Legal Guardian, if Applicable:

PARENT'S STATEMENT

I hereby certify that _____ is my _____
(Student's Name)
(Relationship)

and he/she resides with _____ who is _____
(Name of Person)
(Relationship)

at _____
(No. Street)
(Telephone #)

I further certify that this is intended to be 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 _____.

I further certify that my son/daughter is not living with me because _____

As a parent of the student named on this form, and as a nonresident of the Town of Sprague, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Sprague, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the Town of Sprague, in which event the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending Sprague Public Schools illegally, the Town of Sprague reserves the right to recover the costs for such education from me, the undersigned.

I understand that a perjured or fraudulent statement 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.

OPTIONAL: I hereby certify that the said _____ has
(Person's Name)
full right to act in my child's behalf concerning any and all school disciplinary, administrative, and medical matters.

Witness (Notary Public)

Date Signature

Date

HOST'S STATEMENT

I hereby certify that _____ is my _____

(Student's Name)

(Relationship)

and that he/she legally resides with me at _____

(No. and Street)

_____. 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 _____

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

I understand that a perjured or fraudulent statement 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.

* * If you are the guardian of the student, please indicate the date and source of your authority:

Date _____ Authority _____

OPTIONAL: I, _____, understand

(Name of Person)

that I have full responsibility for this student concerning any and all school disciplinary, administrative, and medical matters.

Witness (Notary Public)

Date

Signature

Date

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

DATE:

RE:

DOB:

Dear

In order for a student to attend public school in Sprague, the child's parent or legal guardian must live in Sprague or you, the parent, must officially establish that your child resides in Sprague with "another person" under the following conditions:

1. Residency with another person is intended to be permanent.
2. Residency is provided without pay from the child's family.
3. Residency is not for the sole purpose of obtaining school accommodations in Sprague Public Schools.
4. The other person signs a notarized affidavit (Host's Statement) that your child is residing with them.
5. You, the parent, submit a notarized Parent's Statement and Residency Affidavit.

Enclosed is a three page form titled "Residency Affidavit" which contains the parent's and host's statement. Please fill them out completely, having the parent's and host's statements notarized. Please schedule an appoint with the residency coordinator within ten days to review this information.

Unless we receive these documents which prove your child does have a permanent address in Sprague, we will begin disenrollment proceedings.

Sincerely,

PC: Principal
Sprague Resident
Assistant Superintendent for Student Services and Achievement

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

DATE:

RE:

DOB:

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5. You, the parent, submit a notarized Parent's Statement and Residency Affidavit.

Enclosed is a three page form titled "Residency Affidavit" which contains the parent's and host's statement. Please fill them out completely, having the parent's and host's statements notarized. Please schedule an appointment with the residency coordinator within ten days to review this information.

Unless we receive these documents which prove your child does have a permanent address in Sprague, we will deny school accommodations to the above named child.

Sincerely,

PC: Principal
Sprague Resident
Assistant Superintendent for Student Services and Achievement

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

RESIDENCY AFFIDAVIT RENEWAL

DATE: _____

TO WHOM IT MAY CONCERN:

I _____ CERTIFY THAT THE RESIDENCY
AFFIDAVIT
(NAME OF LOCAL RESIDENT)

FILED ON _____ ON BEHALF OF MY _____,
(DATE) (RELATIONSHIP)

_____, REMAINS TRUE. THE ABOVE NAMED STUDENT
(STUDENT'S NAME)

RESIDES WITH ME AT _____ [_____],
(ADDRESS)

CONNECTICUT AND THE TELEPHONE NUMBER IS _____.

(SIGNATURE OF LOCAL RESIDENT)

WITNESSED BY:

(NOTARY PUBLIC)

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

DATE:

RE:
DOB:

Dear

Enclosed is a copy of the Residency Affidavit on file for the above named student as well as a Residency Affidavit Renewal Form.

Please review the information on the original Affidavit, complete the Renewal form, and return both documents to me.

This information must be returned by _____ in order to assure
_____ continued enrollment at Sayles School.

If you have any questions regarding this request, please feel free to call me at
_____.

Sincerely,

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

DATE:

RE:

DOB:

Dear

An investigation has been conducted to determine whether your child is a “permanent resident” of Sprague. Our investigation leads us to conclude that your child is not a “permanent resident” of Sprague and is, therefore, denied enrollment in Sprague Public Schools for the following reasons:

1. We have established your permanent residence to be: _____.
2. We cannot find any permanent residence in Sprague for your child.
3. We have been informed by _____ that your child, _____ has been with _____ on a temporary basis and will be leaving this residence by _____.
4. We were informed on _____ by _____ that your child, _____, no longer resides in Sprague.

You, as legal guardian of your child, have a right to a hearing on denial of school access based on residency by the Sprague Board of Education, at which time you may present evidence contrary to our investigation.

Within ten (10) school days of your receiving this letter, you must notify me in writing that you want a hearing by the Board of Education because of denial of school accommodation.

If no such request is received in ten (10) school days, your child will not be allowed to attend school in Sprague Public Schools.

If you choose a hearing, you have the right to bring representation, and the hearing will be conducted in accordance with Conn. Gen. Stat. 10-186.

Sincerely,

PC: Superintendent
Assistant Superintendent for Student Services and Achievement
Principal of Nexus Town
[] Principal
[] Resident

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

DATE:
RE:
DOB:

Dear

An investigation has been conducted to determine whether your child is a “permanent resident” of Sprague. Our investigation leads us to conclude that your child is not a “permanent resident” of Sprague and is, therefore, denied enrollment in Sprague Public Schools for the following reasons:

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2. We cannot find any permanent residence in Sprague for your child.
3. We have been informed by _____ that your child, _____ has been with _____ on a temporary basis and will be leaving this residence by _____.
4. We were informed on _____ by _____ that your child, _____, no longer resides in Sprague.

You, as legal guardian of your child, have a right to a hearing on disenrollment by the Sprague Board of Education, at which time you may present evidence contrary to our investigation.

Within ten (10) school days of your receiving this letter, you must notify me in writing that you want a hearing by the Board of Education because of denial of school accommodation and disenrollment of your child. You have the right to request, within ten (10) school days, that your child remain in Sprague Public Schools while the hearing is in progress. Should it be determined through the hearing process that your child was not entitled to attend Sprague Public Schools, you will be responsible for tuition during such period in accordance with Conn. Gen. Stat. 10-186(b)(4).

If no such request is received in ten (10) school days, your child will not be allowed to attend school in Sprague Public Schools.

If you choose a hearing, you have the right to bring representation, and the hearing will be conducted in accordance with Conn. Gen. Stat. 10-186.

Sincerely,

PC: Superintendent
Assistant Superintendent for Student Services and Achievement
Principal of Nexus Town
[] Principal
[] Resident

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
Baltic, Connecticut 06330
860.822.8264

DATE:

RE:

DOB:

Dear

On _____ we sent you a registered letter outlining our investigation, which concluded that your child does not have a permanent residence in Sprague. Further, we afforded you an opportunity to request a hearing by the Sprague Board of Education regarding eligibility for school accommodation in Sprague.

As of this date, you have not responded to our correspondence. Based on our investigation, we are denying school accommodation to and disenrolling _____ as of this date. If your child has any personal items at Sayles School, please call _____ to arrange an appointment to pick them up.

We encourage you to contact the _____ Public Schools in order to enroll your child so that his or her education is not interrupted.

If you have any questions regarding this matter, do not hesitate to call me.

Sincerely,

PC: Superintendent
Assistant Superintendent for Student Services and Achievement
[] Principal
[] Resident

SPRAGUE SCHOOL DISTRICT
25 Scotland Road
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860.822.8264

DATE:

RE:

DOB:

Dear

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As of this date, you have not responded to our correspondence. Based on our investigation we are denying school accommodation to _____.

We encourage you to contact the _____ Public Schools in order to enroll your child so that his or her education is not interrupted.

If you have any questions regarding this matter, do not hesitate to call me.

Sincerely,

PC: Superintendent
Assistant Superintendent for Student Services and Achievement
[] Principal
[] Resident