

**Plainville Public School District
Verification of Student Residency Form**

STUDENT'S NAME: _____
(Last) (First) (Middle Name)

RESIDING ADDRESS: _____
(#) (Street) (Apt.#) Plainville, MA 02762

DATE OF BIRTH: _____ GRADE: _____
(Month) (Day) (Year)

THE ABOVE-LISTED STUDENT IS REGISTERING FOR:(Check One)

Anna Ware Jackson School Beatrice H. Wood School

VERIFICATION OF RESIDENCY

I UNDERSTAND THAT A STUDENT MUST RESIDE IN PLAINVILLE TO ATTEND PLAINVILLE PUBLIC SCHOOLS (Massachusetts General Laws, Chapter 76: Section 5). AS THE ADULT WITH WHOM THIS STUDENT IS RESIDING AT THE ADDRESS SHOWN ABOVE, I HEREBY CERTIFY THAT I AM THE STUDENT'S:

(Please Check Relationship Below)

_____ PARENT

_____ LEGAL GUARDIAN (Please Provide Documentation)

_____ OTHER RELATION _____ (Please Specify)

I ACKNOWLEDGE THAT I AM REQUIRED TO NOTIFY THE Plainville Public Schools in writing of any change in said student's address within five (5) calendar days of such change of address.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS

_____ DAY OF _____,
(Date) (Month) (Year)

Your signature below indicates that you understand the Plainville Public Schools Residency Policy.

(Print Name)

(Signature)

MUST PROVIDE 2 OF THE FOLLOWING
Current mortgage statement
Current Sales Agreement
Current signed rental lease or agreement
Bank Statement
Current utility bill

(Date)

(School Staff Person Accepting Proof of Residency)