PARENT/GUARDIAN STATEMENT

I hereby certify that		1s my	
	(Student's Name)	•	(Relationship)
and he/she resides with		who is	
	(Name of Person/Hos		(Relationship)
at			/TC 1 1 NY
(No. Street)			(Telephone No.)
I further certify that this is i	ntended to be a bona fide p	permanent address at which	ch my child will be living
for days and reside with .	nights per week and the	hat I am <u>not</u> providing pa	yment for having my child
	(Name of	f Person/Host)	
I further certify that my son	/daughter is living at this a	nddress and/or not living v	vith me because
	RENT/GUARDIAN PER completed if child is not a		
	•	Person's Name/Host)	
full right to act in my cadministrative, and medical	•	ence concerning any an	d all school disciplinary,
As a parent/guardian of the I attest to the accuracy of tresident of Stafford, CT, the School District. I agree to permanent residency in Stachool privileges in the Stabe found to be attending the right to recover the cois \$ per year.	the information contained the student is eligible for from notify school officials impafford, in which event the afford Public School District Stafford Public Schools il	in this form. Further, I can be public school privilege mediately regarding the test student will no longer loct. Finally, I understand legally, the Stafford Board	ertify that, as a permanent is from the Stafford Public ermination of the student's be eligible for free public that, should the student and of Education reserves
I understand that a perjurstatutes of the State of Conevidence against me.			
Witness (Notary Public)	 Date	Signature of Parent	Date