

**Orleans Southwest Supervisory Union – Affidavit Concerning Student Residency**

Answers to the following inquiries are necessary in verifying residency for school enrollment. IF YOU MAKE AN ANSWER THAT YOU KNOW IS FALSE, YOU CAN BE CRIMINALLY PROSECUTED, RECEIVE JAIL TIME AND/OR FINED UP TO \$10,000. SEE TITLE 13 VSA. §3016, FALSE CLAIM.

I, \_\_\_\_\_ first being duly sworn, depose and say  
 Print Name

1. Student Full Name	
2. Where does student live?	
3. Name of Mother	
4. Where does Mother live?	
5. Name of Father	
6. Where does Father live?	
7. Are parents divorced (If No, skip to #10)	
8. Who has custody of student?	
9. What is the date of the divorce decree? (a certified copy of the divorce decree and any amendment must be furnished if either parent lives outside the state of Vermont).	
10. If student is not living with parent(s), Name of person(s) Student lives with	
11. Address and phone number of person(s) with whom student is living	
12. Relationship of each said person(s) to the student	
13. Why is the student living with said person(s)?	
14. On what date did the student move in with this person(s)?	
15. Is the person(s) with whom the student is staying paid any money for food, housing or for keeping the student?	
16. For how long is the arrangement with the person(s) with whom the student is staying?	
17. Has the person(s) with whom the student	

**Orleans Southwest Supervisory Union – Affidavit Concerning Student Residency**

lives become legal guardian of the student? (If the answer is yes, attach a copy of the guardianship order).	
18. Do you pay any money to support the student?	
19. Who declares the student as a dependent for income tax purposes?	
20. Who is authorized to receive report cards?	
21. Who would attend parent conferences at the school?	
22. Who would receive notifications in case of student discipline, suspension or expulsion?	
23. On Saturdays and Sundays, where does the student stay?	

The foregoing facts are sworn in order to induce the School District to enroll the student in the schools of the district.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration. *My signature below indicates that if, after further investigation, any of the above information, including the questionnaire, is fraudulent, the student may be disenrolled from the School District. Further, I understand that I will be billed for tuition at the current daily rate from the first day of attendance through the last day of attendance and I agree to pay such bill. Finally, I understand that I may be subject to CRIMINAL prosecution if I have knowingly answered any of the above questions falsely.*

Dated at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Print Name

STATE OF VERMONT CALEDONIA COUNTY, SS.

\_\_\_\_\_  
Signature of Notary Public

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Commission Expires the 10<sup>th</sup> day of February 20\_\_\_\_.