



**STUDENT RESIDENCY AND REGISTRATION CHECKLIST  
GREENWICH PUBLIC SCHOOLS**

**STUDENT'S NAME:** \_\_\_\_\_

*Nombre del estudiante:*

**DATE OF REGISTRATION:** \_\_\_\_\_

*Fecha de inscripción:*

**SCHOOL:** \_\_\_\_\_

*Colegio:*

**GRADE:** \_\_\_\_\_

*Curso:*

1. \_\_\_\_\_ **AFFIDAVIT OF: PARENT/GUARDIAN or SPONSOR or LEGAL RESIDENCE**  
*Declaración del padre/tutor, el patrocinador o el residente legal*

2. \_\_\_\_\_ **MORTGAGE STATEMENT, DEED OR REAL ESTATE TAX BILL (FOR HOMEOWNERS)  
CURRENT SIGNED LEASE: EXPIRATION DATE \_\_\_\_\_ AND  
LANDLORD TELEPHONE NUMBER \_\_\_\_\_**  
*Extracto de la hipoteca, Escritura o factura de los impuestos de la renta (PARA PROPIETARIOS)  
Contrato firmado del alquiler actual: Fecha de vencimiento y teléfono del propietario*

3. \_\_\_\_\_ **TWO (2) CURRENT UTILITY BILLS (GAS/ELECTRIC/OIL/WATER/CABLE ONLY)**  
*Dos (2) facturas actuales (solo gas/luz/aceite/agua/cable) (No Telephone / El teléfono no)*

4. \_\_\_\_\_ **PARENT/GUARDIAN'S PHOTO IDENTIFICATION**  
*Identificación con foto del padre/tutor*

**To be completed by the Greenwich Public School Office**  
**Para uso de la oficina de los Colegios Públicos de Greenwich**

5. \_\_\_\_\_ **ORIGINAL BIRTH CERTIFICATE or PASSPORT (MUST HAVE RAISED SEAL)**  
*Certificado de nacimiento original o pasaporte (DEBE DE ESTAR SELLADO)*

6. \_\_\_\_\_ **REGISTRATION FORM (BASIC STUDENT INFORMATION FORM)**  
*Solicitud de inscripción (Formulario básico con la información del estudiante)*

7. \_\_\_\_\_ **EMERGENCY FORM**  
*Formulario con la información en caso de emergencia*

8. \_\_\_\_\_ **REQUEST FOR STUDENT RECORDS FORM**  
*Formulario para solicitar el expediente escolar del estudiante*

9. \_\_\_\_\_ **CURRENT REPORT CARD / HIGH SCHOOL TRANSCRIPT REQUIRED**  
*Las notas actuales / Se requiere las transcripciones de la secundaria*

10. \_\_\_\_\_ **MEDICAL/IMMUNIZATION RECORDS. CURRENT PHYSICAL AND SHOT RECORDS**  
*El informe médico/vacunas. El informe del examen médico actual y de las inmunizaciones*

11. \_\_\_\_\_ **CUSTODY PAPERWORK (IF APPLICABLE)**  
*Los trámites de la custodia (SI APLICA)*

12. \_\_\_\_\_ **IEP EVALUATIONS (IF APPLICABLE-SPECIAL EDUCATION)**  
*Evaluación para la Educación Especial (SI APLICA - Educación Especial)*

13. \_\_\_\_\_ **HOME LANGUAGE SURVEY (On Registration Form / Dominant Language Information)**  
*Formulario de encuesta del idioma hablado en casa (Formulario de Inscripción/ Información sobre el idioma que domina)*

*For Office Use Only / Para uso exclusivo de la oficina*

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\_\_\_\_\_  
**Secretary of Residency Verification**

\_\_\_\_\_  
**Secretary of School Registration**



**AFFIDAVIT OF PARENT / GUARDIAN  
GREENWICH PUBLIC SCHOOLS**

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

Moreover, that he/she resides with \_\_\_\_\_ who is \_\_\_\_\_  
(Name of person) (Relationship/s)

at \_\_\_\_\_ / \_\_\_\_\_  
(Street #, Address) (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 anyone.

As a parent/guardian of the student named on this form, and as a resident of the Town of Greenwich, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Greenwich, the student is eligible for free school privileges. I agree to notify the Greenwich Public School Residency Office, at 290 Greenwich Avenue, Greenwich, CT 06830, within 15 days of termination of the student's permanent residency in the Town of Greenwich, 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 the Greenwich Public Schools illegally, the Town of Greenwich 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.

\*\*\*\*\* Sign only in presence of Notary\*\*\*\*\*

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

State of Connecticut  
County of \_\_\_\_\_ ss. (\_\_\_\_\_)  
On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_,  
the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) (is or are) subscribed to the within instrument and acknowledged that (he, she or they) executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and stamp or seal.

\_\_\_\_\_  
Signature of Notary Public Date Commission Expires: \_\_\_\_\_



**AFFIDAVIT OF SPONSOR  
GREENWICH PUBLIC SCHOOLS**

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

moreover, that he/she legally resides with me at

\_\_\_\_\_  
(Street #, Address, Telephone #)

I further certify that this is intended as a bona fide permanent address, that this student will be living with me \_\_\_ days and \_\_\_ nights per week, that I am not receiving payment for having this student with me, and that my sponsorship is not for the sole purpose of obtaining school accommodations.

I certify that this student is residing with me because \_\_\_\_\_  
\_\_\_\_\_

As the sponsor of the student named on this form, and as a resident of the Town of Greenwich, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Greenwich, the student is eligible for free school privileges. I agree to notify the Greenwich Public School Residency Office, at 290 Greenwich Avenue, Greenwich, CT 06830, within 15 days of termination of the student's permanent residency in the Town of Greenwich, 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 the Greenwich Public Schools illegally, the Town of Greenwich 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 \_\_\_\_\_

\*\*\*\*\***Sign only in presence of Notary**\*\*\*\*\*

Signature of Sponsor \_\_\_\_\_ Print Name \_\_\_\_\_

**SPONSORSHIP EXPIRES YEARLY. SPONSOR MUST RE-APPLY PRIOR TO THE NEXT SCHOOL YEAR**

State of Connecticut

County of \_\_\_\_\_ ss. (\_\_\_\_\_)

On this the \_\_\_ day of \_\_\_\_\_, 20 \_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) (is or are) subscribed to the within instrument and acknowledged that (he, she or they) executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and stamp or seal.

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

Date Commission Expires: \_\_\_\_\_



**AFFIDAVIT OF LEGAL RESIDENCE /  
HOMELESS / SHELTER / DCF PLACEMENT  
GREENWICH PUBLIC SCHOOLS**

The Greenwich 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 Greenwich and is not residing with his or her parent/guardian(s) and whose parent/guardian(s) are not residing in Greenwich. This form is required when there is a question about the child's actual residence. The student, parent/guardian 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 Greenwich Address \_\_\_\_\_  
(Street #, Address) (Telephone #)

3. Name of Person with Whom Student Lives \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
(Street #, Address) (Telephone #)

4. Date Student Moved to Greenwich \_\_\_\_\_  
(Month) (Day) (Year)

5. Student's Former Address \_\_\_\_\_  
(Street #, Address) (Town) (State)

6. Former School \_\_\_\_\_ Grade \_\_\_\_\_

7. Name of Student's Father \_\_\_\_\_  
Father's Address \_\_\_\_\_  
(Street #, Address) (Town) (State) (Telephone #)

8. Name of Student's Mother \_\_\_\_\_  
Mother's Address \_\_\_\_\_  
(Street #, Address) (Town) (State) (Telephone #)

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



AFFIDAVIT OF PROPERTY OWNER / LANDLORD
GREENWICH PUBLIC SCHOOLS

I, \_\_\_\_\_,
(Name of Property Owner/Landlord or Property Manager)

as property owner or manager/agent of the dwelling located

at \_\_\_\_\_ / Telephone Landlord \_\_\_\_\_
(Street #, Address, City, State, Zip,

hereby certify that I am renting space in this dwelling on a
\_\_\_\_\_ to \_\_\_\_\_ basis beginning on \_\_\_\_\_
(Week/Month/Year) (Week/Month/Year) (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

- Maternal Parent/Guardian: \_\_\_\_\_
• Paternal Parent/Guardian: \_\_\_\_\_

Name of Child in Admittance Application:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

List all other persons residing in the dwelling:

Table with 3 columns: Last Name, First Name, Relationship. Multiple empty rows for listing other residents.

The payment of Electric Utility Bill is included in rent: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a copy of a recent Electric Utility Bill for dwelling, indicating Property Owner/Landlord's name, must be submitted.

As property owner/landlord, I certify that I will notify the Greenwich Public School Residency Office, in writing, at 290 Greenwich Avenue, Greenwich, CT 06830, within 15 days of termination of this tenancy relationship.

\*\*\*\*\*Sign only in presence of Notary\*\*\*\*\*

\_\_\_\_\_  
(Signature of Property Owner/Landlord)

\_\_\_\_\_  
(Print Name)

State of Connecticut

County of \_\_\_\_\_ ss. (\_\_\_\_\_)

On this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) (is or are) subscribed to the within instrument and acknowledged that (he, she or they) executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and stamp or seal.

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

Date Commission Expires: \_\_\_\_\_