



# THE PUBLIC SCHOOLS OF BROOKLINE

## AFFIDAVIT OF RESIDENCY

I/we, the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_,  
(Print All Student's Full Names)

\_\_\_\_\_ hereby certify as follows:

Check here if this is a new address.

1. I/we reside at:

No.	Street	Apt/Unit No.	Brookline, MA	Zip Code	Telephone
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2. I/we wish to enroll / continue the enrollment of the above named student in the Public Schools of Brookline for the **2015 - 2016** school year. I/we understand that pursuant to Massachusetts law and Brookline School Committee policy, students who actually reside in the Town of Brookline may attend the Public Schools of Brookline and students who do not actually reside in the Town of Brookline may not attend the Public Schools of Brookline, unless a policy exception applies.

I/we hereby acknowledge that no such policy exception applies to the above student.

3. I/we hereby certify that the above named student resides with me at the Brookline, Massachusetts address shown on this form.

4. I/we acknowledge that I am/we are required to notify the Principal/Headmaster of the above student's school, **in writing**, of any change in said student's address within five (5) calendar days of such change of address and **to provide new proof of residency** pursuant to the Public Schools of Brookline Admission policy.

5. I/we understand that this affidavit will be relied upon by the Public Schools of Brookline for the purpose of determining the above student's eligibility to attend the Public Schools of Brookline on the basis of residency. If said student is enrolled in the Public Schools of Brookline based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Brookline, I/we understand that the student's enrollment in the Public Schools of Brookline may be promptly terminated and I/we may be held jointly and severally liable to the Public Schools of Brookline for the student's tuition for the full academic year.

6. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

**Signed under the pain and penalties of perjury on this**

\_\_\_\_\_  
(DAY)

\_\_\_\_\_  
(MONTH)

\_\_\_\_\_  
(YEAR)

\_\_\_\_\_  
Parent/Guardian 1

\_\_\_\_\_  
Parent/Guardian 2



# PUBLIC SCHOOLS OF BROOKLINE BROOKLINE, MASSACHUSETTS

## REGISTRATION/LANDLORD LIVING AGREEMENT

This form is required to be filled out and notarized by your landlord if you are leasing your home.

I \_\_\_\_\_, swear under oath, that the following  
(Landlord's Name- Please print)

information is true:

\_\_\_\_\_, child(ren) of  
(List all applicable children)

\_\_\_\_\_ reside at  
(Parent's name(s))

\_\_\_\_\_  
(Property Address)

of which I am the owner of said property on record.

I understand that the Public Schools of Brookline reserves the right to investigate residency if they feel that temporary residency was established for the sole purpose of attending the Public Schools of Brookline. I further understand that according to Massachusetts General Law (Chapter 76, Section 5) "Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools."

Signed under the pain and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_:

\_\_\_\_\_  
(Landlord's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name)

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Statement of Notary Public:

### Commonwealth of Massachusetts

Norfolk County, ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public  
My Commission Expires



**THE PUBLIC SCHOOLS OF BROOKLINE  
BROOKLINE, MASSACHUSETTS 02445**

**REQUEST FOR STUDENT RECORDS**

I, \_\_\_\_\_, am the parent or guardian of

\_\_\_\_\_. I hereby authorize the release of all academic records including official transcript, testing results, discipline, health, Special Education, and any other information regarding my child to the Public Schools of Brookline. I further give permission to the Public Schools of Brookline to speak to my child's former teachers, principal, guidance counselor, and other school staff as needed.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Previous School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax

**Please send records to (if you reside in a buffer zone leave this part blank):**

<input type="checkbox"/> Baker School 205 Beverly Rd. Chestnut Hill, MA 02467  Ph: 617.879.4500 Fax: 617.879.4505	<input type="checkbox"/> Edward Devotion School 245 Harvard St. Brookline, MA 02446  Ph: 617.879.4400 Fax: 617.739.7501	<input type="checkbox"/> Driscoll School 64 Westbourne Ter. Brookline, MA 02446  Ph: 617.879.4250 Fax: 617.739.7502	<input type="checkbox"/> Heath School 100 Eliot St. Chestnut Hill, MA 02467  Ph: 617.879.4570 Fax: 617.739.7570	<input type="checkbox"/> Lawrence School 27 Francis St. Brookline, MA 02446  Ph: 617.879.4300 Fax: 617.879.4390
<input type="checkbox"/> Lincoln School 19 Kennard Rd. Brookline, MA 02445  Ph: 617.879.4600 Fax: 617.739.7505	<input type="checkbox"/> Pierce School 50 School St. Brookline, MA 02446  Ph: 617.730.2580 Fax: 617.264.6468	<input type="checkbox"/> Runkle School 50 Druce St. Brookline, MA 02445  Ph: 617.879.4650 Fax: 617.739.7675	<input type="checkbox"/> Brookline HS 115 Greenough St. Brookline, MA 02445  Ph: 617.713.5000 Fax: 617.713.5013	<input type="checkbox"/> BEEP 115 Greenough St., Room 107 Brookline, MA 02445  Ph: 617.713.5471 Fax: 617.739.7562