



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 **2017 - 2018** 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