

Residency Certification and Appeal Form

In order to enroll your student into Public Schools of Brookline, parents/guardians/caregivers are required to submit at least **three proofs of their active Brookline residency and occupancy**. We understand that there are circumstances that families may not be able to provide the specific documents that are requested. This form is intended to serve as a suitable alternative to meet those needs and satisfy our enrollment requirements.

Street Address:

- Brookline, MA 02445 02446
 Chestnut Hill, MA 02467

No.	Street Name	Unit #
Student 1: Last Name	_____	First Name _____
Student 2: Last Name	_____	First Name _____
Student 3: Last Name	_____	First Name _____

Proofs of Residency and/or Occupancy NOT Provided (select all that apply) :

<p><input type="checkbox"/> Cannot Provide Residency Documents <i>Property Tax, Mortgage, Deed, HUD-1, Active Lease</i></p> <p>1. Select reason below 2. Alternative documentation required: <small>* Parent/Guardian/Caregiver must complete top section of Page 2 of this form * Property Owner must complete and <u>notarize</u> Page 3 of this form</small></p> <ul style="list-style-type: none"> <input type="radio"/> Tenant-At-Will <input type="radio"/> Sublet Agreement <input type="radio"/> Shared Residency (roommates) <input type="radio"/> Living with Family/Friends <input type="radio"/> Live-in Employment (Nanny, caretaker, etc.) <input type="radio"/> Rental of Rooms in a Brookline Residence <input type="radio"/> Student is 18+ years old living with Family/Friend <input type="radio"/> Other: _____ 	<p><input type="checkbox"/> Cannot Provide 1st Occupancy Document</p> <p><input type="checkbox"/> Cannot Provide 2nd Occupancy Document <i>(2nd proof required for new student enrollment only)</i> <i>Cable/Internet, Electric, Gas, Oil, Home Insurance</i></p> <p>1. Select reason below 2. Alternative documentation required: <small>* Parent/Guardian/Caregiver must complete Page 2 of this form and provide the selected documents in addition to the form</small></p> <ul style="list-style-type: none"> <input type="radio"/> All utilities are included (MUST be stated in lease document, such as Brookline Housing Authority lease agreements) <input type="radio"/> Utility Bills or Statements not in Tenant's Name(s) <input type="radio"/> Requested Utilities Do Not Exist in Family's Home <input type="radio"/> Other: _____
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Upon initial enrollment in the PSB, the enrolling student's parent or legal guardian must provide the district with a signed Affidavit of Residency, along with satisfactory proof of residency in the Town of Brookline. All enrolled PSB students' parents / guardians / caregivers shall provide updated proof of residency upon request multiple times throughout their academic career to demonstrate continued enrollment eligibility. The Office of Registration and Enrollment may request additional documentation, may use the assistance of the Public Schools of Brookline Attendance Officer, and/or may obtain the services of police or investigative agency personnel to assist with or conduct investigations into student residency.

I hereby acknowledge that I reside with the above-named students in the Town of Brookline. I will provide alternative documentation, as agreed upon with staff from the Office of Registration and Enrollment and outlined on the following pages, to satisfy my students' Brookline residency; insufficient documentation may require a further residency investigation to satisfy residency requirements.

Parent/Guardian Name

(Please Print)

Parent/Guardian Signature	Date
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Residency Certification and Appeal Form (cont.)

- If you are unable to provide a proof of residency, please detail the duration and terms of your tenancy
- If you are unable to provide only 1 proof of occupancy, you will be required to provide 1 item below.
- If you are unable to provide 2 proofs of occupancy, you will be required to provide 2 items below.

Residency	Cannot Provide Residency Documents		
Parents/Guardians must complete this section.	<i>Duration of tenancy</i>	Start Date:	End Date:
Property Owner must complete and notarize Page 2 of this form	<i>Terms of agreement</i>	<u>Utilities paid by owner :</u> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Cable/internet <input type="checkbox"/> Home insurance <u>Utilities paid by tenant:</u> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Cable/internet <input type="checkbox"/> Home insurance	

Occupancy	Cannot Provide Occupancy Document(s)		
Parents/Guardians must complete this section and provide the selected documents to satisfy the requirements.	<i>Employment/ Government benefits</i>	<input type="checkbox"/> Payroll stub <input type="checkbox"/> W2 <input type="checkbox"/> Supplemental Security Income (SSI) Benefits stubs/mail <input type="checkbox"/> SNAP (formerly food stamps) mail <input type="checkbox"/> WIC mail <input type="checkbox"/> MassHealth mail	
Please provide the first item(s) on the list that your family can, based on your current circumstances.	<i>Vehicles</i>	<input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Vehicle Insurance <input type="checkbox"/> Vehicle Excise Tax	
Please note that all submitted proofs must identify your name, address and be dated within the last 45 days.	<i>Other institutions</i>	<input type="checkbox"/> Voter registration <input type="checkbox"/> Bank statement <input type="checkbox"/> Health Insurance letters/invoices <input type="checkbox"/> Physician's office letters/invoices	
	<i>Bills/Mail</i>	<input type="checkbox"/> Employment letter (mailed to your home address) <input type="checkbox"/> Credit card statement <input type="checkbox"/> Cell phone bill/contract <input type="checkbox"/> Shipping invoices <input type="checkbox"/> Any other mail	
	<i>Shared expenses</i>	<input type="checkbox"/> Proof of payment to roommate for utility bills (canceled checks/bank checks, etc.)	

Office Use Only		Date of verification
School(s) <input type="checkbox"/> BEEP <input type="checkbox"/> Ba <input type="checkbox"/> Dr <input type="checkbox"/> FRR <input type="checkbox"/> He <input type="checkbox"/> La <input type="checkbox"/> Li <input type="checkbox"/> Pi <input type="checkbox"/> Ru <input type="checkbox"/> BHS <input type="checkbox"/> OOD <input type="checkbox"/> SO		
Proof of Residency <input type="checkbox"/> Std. <input type="checkbox"/> Appeal	Proof of Occupancy 1 <input type="checkbox"/> Std. <input type="checkbox"/> Appeal	Proof of Occupancy 2 <input type="checkbox"/> Std. <input type="checkbox"/> Appeal
Residency Investigation Referral <input type="checkbox"/> No <input type="checkbox"/> Yes, Verification only <input type="checkbox"/> Yes, Periodic Monitoring		Attendance Officer Verification <input type="checkbox"/> Yes <input type="checkbox"/> No



Brookline Residency Certification

This section of the form is required to be **filled out and notarized by the property owner/landlord/owner’s authorized representative** of the Brookline address listed.

Please contact the Office of Registration and Enrollment if you have any questions.

Owner or Owner’s Authorized Representative Name (Please Print)

Parent/Guardian Name(s):

Student 1: Last Name _____ First Name _____

Student 2: Last Name _____ First Name _____

Student 3: Last Name _____ First Name _____

I swear under oath that, to the best of my knowledge, the individual(s) listed above reside in the property that I own (or for which I am the owner’s authorized representative) located at:

Street Address: _____
 Brookline, MA 02445 02446
 Chestnut Hill, MA 02467

No. _____ Street Name _____ Unit # _____

I understand that the Public Schools of Brookline reserves the right to investigate a student’s residency. 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 improperly attended public schools.”

Signed under the pain and penalties of perjury on this _____ day of _____, 20 ____:

Owner or Owner’s Authorized Representative Signature

Statement of Notary Public

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 they signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires