



Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

Verification of Student Residence within the
Wachusett Regional School District
Student Residing with Friend or Relative

To be completed by property owner/District resident with whom student resides

Student Name: _____ DOB: _____

Name and address of resident ("Property Owner") with whom student resides:

Relationship of Property Owner to Student:

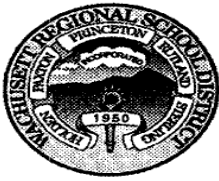
Parent Step-Parent Guardian Other: _____

Do you have legal custody and/or guardianship of the applicant? Yes No

If yes, please attach copies of relevant documentation. If no, please describe your authority as it pertains to the Applicant:

Please attach at least three (3) forms of documentation verifying your current residence within the Wachusett Regional School District. All forms of documentation must reflect the same address within the Wachusett Regional School District. Acceptable documentation is listed in WRSDC Policy 6121 *Student Residency Policy*.

List documents attached:



Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

Verification of Applicant's Residence

I/We, the above named adult resident(s) of the Town of _____, a town within the Wachusett Regional School District, hereby swear and depose that above-named student resides full-time within my/our home in the Town of _____. **I/We state that the Applicant maintains his/her belongings in our home and sleeps within our home at least four (4) nights per week. I/We understand that my/our misrepresentation of the Applicant's status as a resident within my/our home may be considered by the Wachusett Regional School District and the Town of _____ to constitute actionable fraud and may result in legal prosecution.** We further agree that we will notify the Wachusett Regional School District within ten (10) school days of any change in the Applicant's status as a resident of my/our home within the Town of _____.

Signed under the pains and penalties of perjury this _____ day of _____, 20__.

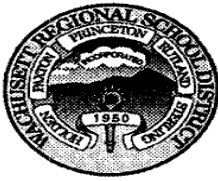
Signature of Adult Resident

Jefferson School

1745 Main Street, Jefferson, MA 01522

Telephone: (508) 829-1670 Facsimile: (508) 829-1679

www.wrsd.net



Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

**Verification of Student Residence within the
Wachusett Regional School District
Student Residing with Friend or Relative**

**To be completed by the Applicant ("Student")
and/or Parent/Guardian of Applicant ("Student")**

Student Name: _____

DOB: _____

Name and address of resident ("Property Owner") with whom Applicant ("Student") resides:

Relationship of Applicant ("Student") to District Resident ("Property Owner"):

Parent Step-Parent Guardian Other: _____

Does the "Property Owner" with whom you are residing have legal custody or guardianship of Applicant ("Student")? Yes No

If yes, please attach copies of relevant documentation. If no, please describe the District Resident's authority as it pertains to student's medical care and/educational services:

Please attach at least three (3) forms of documentation verifying your current residence within the Wachusett Regional School District. All forms of documentation must reflect the same address within the Wachusett Regional School District. Acceptable documentation is listed in WRSDC Policy 6121 *Student Residency Policy*.

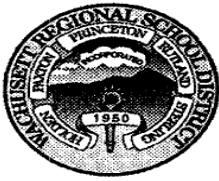
List documents attached:

Jefferson School

1745 Main Street, Jefferson, MA 01522

Telephone: (508) 829-1670 Facsimile: (508) 829-1679

www.wrsd.net



Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

Verification of Applicant's ("Student's") Residence

I, the above named parent/guardian or adult student hereby swear and depose that I/we currently and actually reside at _____, a residence within the Wachusett Regional School District. **I further state that I maintain my belongings in said residence and that I sleep at said residence at least four (4) nights per week. I understand that any misrepresentation as to my status as a resident of the Wachusett Regional School District may be considered by the Wachusett Regional School District and the Town of _____ to constitute actionable fraud and may result in legal prosecution.** I further agree that I will notify the Wachusett Regional School District within ten (10) school days of any change in my residential status.

Signed under the pains and penalties of perjury this _____ day of _____, 20__.

Signature of Parent or Adult Student Applicant

Jefferson School

1745 Main Street, Jefferson, MA 01522

Telephone: (508) 829-1670 Facsimile: (508) 829-1679

www.wrsd.net