AFFIDAVIT OF RESIDENT FOR ENROLLMENT IN THE WOODBRIDGE SCHOOL DISTRICT

To be Completed by Custodial Parent or Legal Guardian

I, (We)		, being duly	y sworn, hereby
declare that I am (we are) the o	ustodial parent(s), or le	gal guardian of	
and that we reside at		, Woodbridge.	I approve the
arrangement whereby my child will reside with			on a permanent
basis and that no componentiar	or other financial reimb	oursement will be paid to	to
for th	e care and/or support o	if my child and that my	child is not residing
for the care and/or support of attending Woodbridge Public Schools			
I (We) hereby certify that all of the best of my knowledge and	belief.	oral Statuta 10-186 ifi	it is determined that
I (We) hereby agree, that pursuant to Connecticut General Statute 10-186, if it is determined that my child is not entitled to be provided school accommodations in Woodbridge without payment, I agree to pay to the Woodbridge Board of Education tuition for the period that my child was attending Woodbridge Public Schools and was not entitled to school accommodations in Woodbridge.			
Date		Signature of Parent o	r Guardian
STATE OF CONNECTICUT)	SS		20
COUNTY OF)	6S 		, 20
Personally appeared made oath to the truth of the fore			
Subscribed and sworn to befor 20	e me this	_ day of	,
	Notary Public	and the state of t	
	My Commiss	ion Expires	