

Ansonia Public Schools
Ansonia, Connecticut

Student Residency Questionnaire

Student Information (Please Print)

Student's Legal Name: _____
(Last) (First) (Middle) (Nickname)

Date of Birth: _____ Sex: _____ Social Security Number: _____

Place of Birth: _____
(City) (County) (State) (Country)

Current Address: _____
(Street) (City) (Zip)

Home Phone: _____

Student's Driver's License Number: (if any) _____

Student's Social Security Number: (if any) _____

Parent/Guardian # 1 Information

Name: _____

Mother Female Legal Guardian Father Male Legal Guardian

Current Address: _____

Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pager: _____ Fax: _____ Email: _____

Make and Year of Car of Parent/Legal Guardian's Vehicle: _____

License Plate Number: _____

Municipality/State Where Car is Registered: _____

Vehicle Registration Number: _____

Parent/Guardian # 2 Information

Name: _____

__ Mother __ Female Legal Guardian __ Father __ Male Legal Guardian

Current Address: (if different from above) _____

Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pager: _____ Fax: _____ Email: _____

Make and Year of Car of Parent/Legal Guardian's Vehicle: _____

License Plate Number: _____

Municipality/State Where Car is Registered: _____

Vehicle Registration Number: _____

Who is/are the custodial parent(s)? (If the student does not reside with his or her biological or adoptive parent(s), state the name of the adult guardian(s) or custodian(s) with whom the student resides).

Are parents divorced? Yes No

If yes, what are the arrangements regarding custody? (Please provide copies of any supporting documentation from the court) _____

Sibling Information

Name: _____ Relationship to Student: _____ Date of Birth: _____

Address: _____ School: _____

Name: _____ Relationship to Student: _____ Date of Birth: _____

Address: _____ School: _____

Name: _____ Relationship to Student: _____ Date of Birth: _____

Address: _____ School: _____

Name: _____ Relationship to Student: _____ Date of Birth: _____

Address: _____ School: _____

Residency Questionnaire (To be completed by parent(s)/guardian(s) of the student)

I. Student Living Separately from Parent/Guardian

1. Is the student residing with you? Yes No

If yes, please go to Section II below.

If no, who is the student living with?

What is the relationship of this person to the student?

Why is the student residing with this person?

2. Does this person have custody of the student?

Yes No

If yes, what was the reason for the transfer of custody to this person?

For how long is it anticipated that this arrangement is intended to last?

3. Are you providing financial or other compensation to this person? Yes No

If yes: What form of compensation? _____

In what amount? _____

For what purpose(s)? _____

4. Who will be responsible for the discipline and control of the student?

5. Who will be financially responsible for the student's health, welfare and educational needs?

6. Will the student spend time at a residence outside of the City of Ansonia? Yes No

Please provide the address(es):

7. How much time will the student be spending at the above address(es)?

- Weekends
- School vacations
- Weeknights
- Other:

8. Is there anything else the school needs to know about this living arrangement?

II. Parent/Guardian and Student Living Together at the Home of a Ansonia Resident

1. Do you own the residence in Ansonia at which you and the student are living?

Yes No

If no, do you rent at the address where you are living? Yes No

If no, are you and the student residing with an individual or individuals who are residents of Ansonia?

Yes No

If yes, please provide the name(s) of the Ansonia resident(s) with whom you are residing:

Please provide the address of the Ansonia resident(s) with whom you are residing:

2. Why are you and the student residing with the Ansonia resident(s)?

3. For how long is it anticipated that this arrangement is intended to last?

4. Are you providing financial or other compensation to this person? Yes No

If yes: What form of compensation? _____

In what amount? _____

For what purpose(s)? _____

5. Will the student spend time at a residence outside of the City of Ansonia? Yes No

Please provide the address(es):

6. How much time will the student be spending at the above address(es)?

- Weekends
- School vacations
- Weeknights
- Other:

7. Is there anything else the school needs to know about this living arrangement?

III. Attestation Regarding Residency (to be signed by the Parent/Guardian completing this form)

In signing this document, I understand and acknowledge that I am representing that my child is entitled to free school accommodations from the City of Ansonia by virtue of their having a legal residence at the above-named address. I understand that if the information provided in connection with this questionnaire is determined to be false or misleading, resulting in the child/children named above to not be legally entitled to attendance in the Ansonia Public Schools, the school district may take legal action to recoup valid tuition charges and legal fees. I understand that if it is determined that I have defrauded the Ansonia Public Schools, I may also be subjected to the pains and penalties of perjury and false statement and such other remedies as may be available under law.

Signature of Parent/Guardian

Date

Signature of Witness