## MONSON PUBLIC SCHOOLS

P.O. BOX 159, MONSON, MASSACHUSETTS 01057-0159 TELEPHONE (413) 267-4150 • FAX (413) 267-4163 www.monsonschools.com



Dr. Cheryl A. Clarke, Superintendent of Schools Suzanne M. Morneau, Director of Student Services

Paul C. DeMaio, Director of Facilities Michelle D. Loglisci, Business & Finance Officer

## **Proof of Residency**

Prior to enrollment, ALL NEW REGISTRANTS must complete this form and submit all required documentation to the Monson Public Schools. **Enrollment cannot take place until residency has been verified.** 

A person is considered a resident if residence or domicile is bona fide, with the intention of continuing in residence.

## AFFIDAVIT FOR MONSON PUBLIC SCHOOLS

Гoday's <b>Date:</b>				
Student's Name:		Male Female		
Monson address:			Since:	
Date of birth: Age: Grad			(year)	
U.S. Citizen?: YES NO If NO, Ali	en Registration#:		<del></del>	
Is Visa Temporary or Permanent? Tempor	rary Permanent	Is the student homele	ess?: YES NO	
Parent's/Legal Guardian's name:		Current Telephon	ne Number:	
Parent's/Legal Guardian's permanent addres	ss:			
Required documentation re	equired to verify res	idence. Please <b>attach t</b> o	o this form.	
<ol> <li>Purchase and Sale Agreement for</li> <li>Tax bill on residence, or</li> <li>Utility receipt with address.</li> </ol>	J	•		
Monson Public Schools reserves the right to n	nake any additional ind	uiries regarding the inco	oming student's residency status	
Signature of Parent or Legal Guardian		Date		
*My signature signifies that the information or	n this form is accurate	and true under penalty of	f perjury.	
This completed form and required documentation 43 Margaret, St, P.O. Box 159, Monson, MA 0	1057-0159 or the front	office of the school the s		
Quarry Hill Community School			Monson High School	
<b>43 Margaret Street</b> 413-267-4160	21 Thompson 8 413-267-	Street 4155	<b>55 Margaret Street</b> 413-267-4589	

The Monson Public Schools provide Equal Educational and Employment Opportunities without regard to race, color, sex, religion, national origin, sexual orientation, gender identity and disability.

If you need assistance translating this document into a language other than English, please contact the district's Coordinator of English Language Learners at 413-267-4150 x 466Si necesita ayuda que traduce este documento en un idioma de otra manera que inglés, contacta por favor Coordinador del distrito de Estudiantes ingleses de Idioma en 413-267-4150 X 466Eсли Вы нуждаетесь в помощи, переводящей этот документ на язык кроме английского языка, пожалуйста свяжитесь с Координатором района английских Языковых Учеников в 413-267-4150 x 466