

Date: _____ **School:** _____ **Grade:** _____

Franklin Public Schools Residency Statement

Check One: ☐ **New to Franklin Public Schools** ☐ **Changing address only within district**

I/we, the parent(s), legal guardian(s) or responsible adult of _____
 (Print student's full name)
 hereby certify as follows: DOB: _____
 (Student's date of birth)

1. *I/we* wish to enroll the above named student in the Franklin Public Schools. *I/we* understand that pursuant to Massachusetts law and Franklin Public School Committee Policy, students who actually reside in the Town of Franklin may attend the Franklin Public Schools and students who do not actually reside in the Town of Franklin may not attend the Franklin Public Schools.
2. *I/we* hereby certify that effective _____, 20____, *I/we* began residing at the following address in Franklin, Massachusetts.

Printed Name(s) of Parent(s)/Guardian(s)/ Responsible Adult(s)

			Franklin, MA	02038
No.	Street	Apt/Unit No.		

Home Telephone: _____ email: _____

Cell Phone: _____ Work Phone: _____

- ### 3. Interstate Compact on Educational Opportunity for Military Children

Please check the appropriate box if you voluntarily identify that your child's parent/guardian is:

- ☐ Full time Duty members in the uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Sections 1209 and 1211.
- ☐ Members or Veterans of the uniformed services who are severely injured and medically discharged Or retired for a period of one year after medical discharge or retirement.
- ☐ Members of the uniformed services who die on active duty or as a result of injuries sustained on Active duty for a period on one year after death

4. *I/we* acknowledge that *I am/we* are required to notify the Franklin Public Schools or the above student's school, in writing, of any change in said student's address within five (5) calendar days of such change of address.
5. *I/we* understand that this *Residency Statement* will be relied upon by the Franklin Public Schools for the purpose of determining the above student's eligibility to attend the Franklin Public Schools on the basis of residency. If said student is enrolled in the Franklin Public Schools based upon the information provided and it is subsequently determined that the student does not actually reside in Franklin, *I/we* understand that the student's enrollment in the Franklin Public Schools will be promptly terminated and *I/we* will be jointly and severally liable to the Franklin Public Schools for the student's tuition for the full academic year(s).
6. *I/we* further certify that *I am/we* are the parent(s), legal guardian(s) or caregiver of the above student. (If signing as a "Caregiver", you will be required to complete the notarized Caregiver Affidavit, pursuant to M.G.L. C-201F 1-6, provided by the Franklin Public Schools.)

7. *I/we understand that all applicants must reside in the Town of Franklin (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No School Committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the School Committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation.*
Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, st.1993, c.282; st.2004, c.352, s.33)

8. *I/We understand that student grade placement at the time of enrollment will be consistent with Franklin Public School Entrance Age Policy. Final student grade placement is contingent upon verification of records received from sending school district.*

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

Parent/Guardian/ Caregiver

Parent/Guardian/ Caregiver

This form and proof of residency must accompany this form with at least one document from each of the following two columns: A, and B.

Column A	Column B
<u>Evidence of Residency</u>	<u>Evidence of Identification</u> (Photo ID)
Record of recent mortgage payment and/or property tax bill	Valid MA Driver's License Valid MA Photo ID Card
Copy of Signed Lease <i>and</i> record of recent rental payment (School district reserves the right to verify with Landlord)	Valid Passport
Landlord Affidavit <i>and</i> recent rental payment	Valid Other Government issued Photo ID
Section 8 Agreement	
Signed HUD Settlement Statement	

Official Franklin Public Schools stamp:

Reviewed, revised 2/7/12

Reviewed, revised, adopted by School Committee 8/26/2014

Reviewed, no revisions 8/18/16

Reviewed, Revised 1/22/2019