

Grade of Student: _____

**Timberlane Regional School District
School Administrative Unit #106
30 Greenough Rd, Plaistow, New Hampshire 03865**

CERTIFICATION OF RESIDENCY 20____-20____ SCHOOL YEAR

Students must be legal residents of the Timberlane Regional School District or have Superintendent of Schools permission to attend District schools.

Families seeking to enroll their children in the Timberlane Regional Public Schools **and/or** planning to move into the District or whose residency is in question must provide proof of residency as listed on the reverse side of this document.

PLEASE FILL OUT THIS FORM IN ITS ENTIRETY

Student's Name: _____
Last First Middle

Student's Address: (Student's primary* residence) Please provide all addresses (physical and mailing) and days at each physical address below. A copy of the court order **MUST** accompany this form, if applicable.

1) _____
Number/Street Town Days at address

2) _____
Number/Street Town Days at address

3) _____
Mailing address (if different from above)

Student's Telephone Number: (PRIMARY) _____

Mother's Name: (PRINT) _____
Last First Middle

Mother's Address and Telephone Number: IF DIFFERENT FROM STUDENT'S. BOTH PHYSICAL AND MAILING.

Number/Street Town State Zip

Home Number: _____ Work Number: _____ Cell Number: _____

Mother's E-mail: _____

Father's Name: (PRINT) _____
Last First Middle

Father's Address and Telephone Number: IF DIFFERENT FROM STUDENT'S. BOTH PHYSICAL AND MAILING.

Number/Street Town State Zip

Home Number: _____ Work Number: _____ Cell Number: _____

Father's E-mail: _____

If divorced, separated or other legal custody arrangements apply, please complete the following statement and provide copy of Court Order.

I/We _____ have () sole or () joint custody.

I understand that my failure to promptly notify the school principal of any changes in the above information may constitute fraud and that any fraudulent information found within or associated with this claim of residency may be grounds for immediate student withdrawal and reimbursement of tuition costs. I hereby certify under penalty of perjury that this information is true and accurate.

Parent/Legal Guardian's Signature: _____ **Date:** _____

*Primary residence is determined by where the student sleeps during the school week.