

Grade of Student: \_\_\_\_\_

**Timberlane Regional School District  
School Administrative Unit #55  
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.