

Cambridge Public Schools AFFIDAVIT OF RESIDENCY

FAMILY RESOURCE CENTER 15 UPTON ST, CAMBRIDGE, MA 02139 TEL. (617) 349-6551 FAX. (617) 349-6552

IMPORTANT: THIS FORM MUST BE NOTARIZED

I/we, the parent(s) or legal guardian(s) of _____, hereby certify as follows: (Print Student's Full Name)

- 1.) I/we wish to enroll the above named student in the Cambridge Public Schools. I/we understand that pursuant to Massachusetts law and Cambridge School Committee policy, students who actually reside in the city of Cambridge may attend the Cambridge Public Schools and students who do not actually reside in the City of Cambridge may not attend the Cambridge Public Schools, unless a policy exception applies. I/we hereby acknowledge that no such policy exception applies to the above student.
- 2.) I/we hereby certify that effective _____, 200____, the above student is/will be residing at the following address in Cambridge, Massachusetts, with _____.

Num. Street	Apt. Cambridge, MA	Zip Code	Telephone
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- 3.) I/we acknowledge that I/we are required to notify the Principal of the above student's school, in writing, of any changes in said student's address within five (5) calendar days of such change of address.
- 4.) I/we understand that this affidavit will be relied upon by the Cambridge Public Schools for the purpose of determining the above student's eligibility to attend the Cambridge Public Schools on the basis of residency. If said student is enrolled in the Cambridge Public Schools based upon information contained in the affidavit and it is subsequently determined that the student does not actually reside in Cambridge, I/we understand that the student's enrollment in the Cambridge Public Schools will be promptly terminated and **I/we will be jointly and severally liable to the Cambridge Public Schools for the student's tuition for the duration of the student's attendance in the Cambridge Public Schools.**
- 5.) I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.
- 6.) **Signed under the penalties of perjury on this _____ day of _____, 200_____.**

Parent/Guardian 1

Parent/Guardian 2

NOTARY SECTION:

7.) Signature of Parent/Guardian: _____ DATE

8.) Notary Public: _____
NOTARY SIGNATURE/SEAL DATE COMMISSION EXPIRES

THIS INFORMATION WILL BE USED TO:

- (1) ASSURE THAT CAMBRIDGE RESIDENTS ONLY ARE ATTENDING CAMBRIDGE PUBLIC SCHOOLS.
- (2) ASSURE THAT THE MASSACHUSETTS INTERSCHOLASTIC ATHLETIC RULES ARE ADHERED TO.