



CERTIFICATE OF RESIDENCY

It shall be the procedure of the Somerset Berkley Regional School Committee that: "students who attend the SBRHS must be residents of Somerset or Berkley."

1. I understand that _____ must be a resident of the Town of Somerset or Berkley.
(name of student)
2. I certify that _____ is residing with me at the following address:
(name of student)

(house number, street name and town)
3. I certify that I am a legal resident of Somerset/Berkley. To prove residency, attach three (3) acceptable documents, i.e. utility bill, property tax bill, excise tax bill, driver's license, purchase & sales agreement or occupancy permit.
4. I am/am not _____'s legal guardian. If guardianship exists, attach legal documentation.
(name of student)
5. I certify that this living situation is not an arrangement of convenience for the sole purpose of having the student reside with me to attend SBRHS.

List the reason(s) for the current living situation. (If this living situation is a result of marital action for separation/divorce, attach documentation evidencing the custody arrangement.)

(continue on back if needed).

I understand that enrolling the child named above at SBRHS is contingent upon the conditions of the Residency Requirements Policy, which I have read. I also understand that violation of this policy may result in termination of the child's enrollment and that I may be liable for this child's tuition reimbursement to the District. I hereby certify under the pains and penalties of perjury the information provided above is accurate and true:

*Signature of Guardian/Grandparent/Foster Parent/other relative/or Somerset or Berkley Resident

Signature of Parent

*On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which was _____, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) belief, before me

Seal Notary Public _____ My commission expires _____

***RETURN FORM ONLY AFTER SIGNED AND STAMPED BY NOTARY PUBLIC**

Approved by SBRSD Committee: November 19, 2015