

**STOUGHTON PUBLIC SCHOOLS
STOUGHTON, MASSACHUSETTS**

Residency Statement

I hereby declare that the student identified below resides within the Town of Stoughton. I acknowledge receipt of a copy of the Student Residency Policy, understand the requirements of the Stoughton Public Schools, and agree to abide by its terms. I further understand that the Stoughton Public Schools may request additional information from me to substantiate the fact my child meets its residency requirements. I further acknowledge that if it is determined the residency requirements of Stoughton Public Schools have not been met or maintained, my child will be dismissed immediately from Stoughton Public Schools; and that I, and possibly others, will be responsible for tuition and related expenses for the time during which my child attended the Stoughton Public Schools, as well as any related legal fees incurred by the District. I understand that any person who knowingly registers or attempts to register a student not living in Stoughton, or maintains the enrollment of a student who no longer resides in Stoughton, will be found in violation of the residency requirements and shall be subject to criminal prosecution.

Date: _____

Child(ren)'s printed name:

Residency at the time of enrollment or change of address:

Street Address: _____ Apt #: _____

Stoughton, MA 02072

Printed Name of Parent/Guardian

Signature of Parent/Guardian