

# Georgetown Central School

## Residency Verification Form

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_

Actual Address: \_\_\_\_\_ / \_\_\_\_\_  
(Street, Road or Route) (City or Town)

Are you a member of the Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

**Please list all children on one form regardless of the name and/or number of schools involved.**

This form is being completed for the \_\_\_\_\_ School Year.

Student Name	Age	Date of Birth	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that I am the legal parent/guardian of the above named student(s) and that we reside in the town indicated. I understand that the town pays tuition to State Approved Schools in an amount not to exceed the rate established by the Maine Department of Education for that particular school **or** the amount specified in any current tuition contract entered into by the town in which you reside (***whichever is less***).

I understand that I am financially responsible for any additional costs, ie. transportation, fees, etc. incurred by my child's enrollment in the above named school. It is also understood that if any of these statements are found to be false, I will be responsible for all expenses incurred by the School District.

\_\_\_\_\_

DateParent/Guardian Signature

**The parent/guardian must take this form to the Town Office for verification prior to bringing it to the school office.**

**Town Office Verification Must be signed by Town Clerk at Georgetown Town Office**

The above named is a resident of the town indicated above.

\_\_\_\_\_

DateSignaturePosition