

School Administrative Unit #76

Lyme School District

PO Box 117 / Lyme, New Hampshire 03768

Phone: 603-795-4431 Fax: 603-795-9407

This form must be completed and returned to the SAU #76 office at the address above before the Lyme School Board will assume any liability for payment of tuition. **Proof of Residency requires at least two (2) supporting documents in your name such as: Utility Bills, Automobile Registration, Driver's License, Voter Registration Certification, etc. Temporary Residency with the intent to return to a Primary Residence does not constitute residency. RSA 193-12, III**

Proof of Residency Form for Resident Lyme Students

Full Legal Name of Student _____

Last First Middle

Place of Residence _____

Street Town State Zip

High School Choice (if applicable): _____ D.O.B. ____/____/____

Enrollment Date _____ Entering Grade _____ for the school year _____

Father's Name _____ Home Address _____

Mother's Name _____ Home Address _____

Father's phone number _____ Mother's phone number _____

Parent email address(es) _____

Marital Status: single married divorced separated

If parents are divorced, please indicate what kind of custody was awarded:

Joint legal custody Primary Physical custody Other

Please attach a copy of the court order awarding custody, or proof of court-appointed guardianship.

If primary physical custody, to whom was it awarded? Mother Father Other

If other, please specify: _____

If parents do not live together, please indicate below the parent with whom the student lives. If student does not live with either parent, please indicate with whom the student does live, and the student's relationship with them (relative, guardian, friend).

Name _____	Street _____	Town _____	Relationship _____
------------	--------------	------------	--------------------

If student does not live with the above named person all the time, please describe the arrangements. _____

I certify that the above information is correct and that I shall notify the office of the Superintendent of Schools if any changes in relationship should take place at any time.

Date _____ Signature _____ (parent/guardian)

Please be sure to complete the Residence Certification form on the next page and have it signed by the Lyme Town Clerk. Thank you for your cooperation in this matter.

Residence Certification

This form must be signed by both the Parent/Guardian and the Town Clerk

Parent or Guardian: I am a resident of the Town of Lyme School District, which is responsible for payment of my child's tuition.

Physical location address of Parent/Guardian in Lyme:

House Number

Street Name

Apartment #

Landlord's Name

Parent Signature

Date

TOWN CLERK: This is to certify, to the best of my knowledge, the parent or guardian of the student registering for High School is a resident of Lyme School District, which will be responsible for payment of tuition, and I have personally received and verified the supporting documents required. (attached)

Town Clerk Signature

Date

Please notify the SAU of any changes that occur during the year regarding the above information. It is important for us to keep our records accurate. Thank you.