

**CROMWELL PUBLIC SCHOOLS  
CROMWELL, CONNECTICUT**

BOARD OF EDUCATION

**5118  
STUDENTS  
Non-Resident Students**

Adopted: 10/14/97

Revised: 9/28/04; 4/26/05, 11/11/14

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**Non-Resident Attendance**

Upon written parental request, non-resident students may be allowed by the Superintendent of Schools to attend district schools without tuition under one or more of the following conditions.

1. A family moves from the district after June 1st of the school year;
2. A family residing outside of a district has firm plans to move into the school district within the current school year as evidenced by a contract to buy, build, rent or lease;
3. A twelfth grade student who has completed 11th grade at Cromwell High School wishes to complete his or her education in the district;
4. Children residing temporarily within the district because of family changes or children attending local schools residing temporarily outside of the district because of family circumstances. Approval shall not exceed three (3) calendar months; if subsequent approval is necessary, it shall be considered based upon information available at that time.

**Exchange Students.** No tuition is required for foreign students living within the district under the American Field Service Program or under other programs or circumstances approved by the board. Exchange students will be accorded all the rights and privileges of a resident student during the period of enrollment.

**Evidence of Residency.** The superintendent of schools or his/her designee may require documentation of family and/or student residency, including affidavits, before the student enrolls in the Cromwell Public Schools.

Legal References:

- Connecticut General Statutes
- 10-186. Duties of Local Boards  
Re: School Attendance
- 10-253. School Accommodations for Non-Residents

**CROMWELL PUBLIC SCHOOLS  
CROMWELL, CONNECTICUT**

**Required Enrollment Materials**

**STUDENT** \_\_\_\_\_

**THE FOLLOWING ITEMS ARE REQUIRED FOR ENTRANCE INTO CROMWELL PUBLIC SCHOOLS:**

- Connecticut State Medical Form (**both sides completed prior to entrance.**)

Students will not be allowed entrance without proof of immunizations as per Connecticut State Statute.

Required Immunizations:

- DTP – 4 doses (one on or after 4<sup>th</sup> birthday)
- OPV (polio) – 3 doses (on or after 4<sup>th</sup> birthday)
- MMR (measles, mumps, rubella) – 2 doses
- HIB – one dose for students younger than age 5
- HBV (Hepatitis B) – 3 doses for student born 1/1/904 or later
- Varicella (vaccination or proof of disease)

- Registration Form
- Developmental Questionnaire
- ESOL Form
- Birth Certificate
- Release of Records
- Proof of Residency (one of the following):
- a. Deed to home or dated rental agreement in parent/guardian's name or student's name;
  - b. Escrow papers or signed mortgage commitment in parent/guardian's or student's name; or
  - c. **Notarized** letter from Landlord or owner acknowledging parent/guardian's and/or student's residence.

CROMWELL PUBLIC SCHOOLS  
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CERTIFICATION OF RESIDENCE

NEW ENROLLEE/STUDENT TRANSFER/CHANGE OF ADDRESS

Parent/Legal Guardian Statement

I (print name) \_\_\_\_\_ the parent or legal guardian of (name) \_\_\_\_\_

(address) \_\_\_\_\_ certify that the above named student actually lives full time

(typically 7 days per week) at the above address. The telephone number at the same address is \_\_\_\_\_

and the telephone number in an emergency is \_\_\_\_\_. **Grade** \_\_\_\_\_

This information and the documents provided are accurate. I authorize representatives of the Cromwell Public Schools to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student, and may lead to liability for tuition and to criminal penalties for fraud.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Transfers only

**Current School** (*send records*) \_\_\_\_\_ **New School** \_\_\_\_\_

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*FOR OFFICE USE ONLY*

In order to verify district residence, the student aged eighteen or older, parent/guardian(s), or an emancipated minor must sign above and provide documents from any of the items listed below.

- 1. **If student resides with parent/guardian(s) or is aged eighteen or older or an emancipated minor:** Copy of one of the following at address within the district in the parent/guardian's name; or the name of a student aged eighteen or older, or an emancipated minor:
  - a. Deed to home or dated rental agreement in parent/guardian's or student's name
  - b. Escrow papers or signed mortgage commitment in parent/guardian's or student's name
  - c. **Notarized** letter from landlord or owner acknowledging parent/guardian's and/or student's residence
- 2. **If student resides with persons other than parent/guardian(s) and does not maintain his/her own residence as an adult or an emancipated minor:** Residency Affidavit to be filled out by person with whom family and student reside. Verification visit by Residency Confirmation staff may follow.
- 3. All cases are subject to verification visit by Superintendent's designee.

Documents seen by: \_\_\_\_\_ on \_\_\_\_\_

If you have any questions regarding this form, please contact \_\_\_\_\_ at [insert address, phone].

**CROMWELL PUBLIC SCHOOLS  
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**HOST'S STATEMENT**

I hereby certify that \_\_\_\_\_ is my \_\_\_\_\_  
(Student's Name) (Relationship)

and that he/she legally resides with me at \_\_\_\_\_  
(No. and Street)

\_\_\_\_\_. I further certify that this is intended as a bona fide permanent address, that this student will be living with me \_\_\_ days and \_\_\_ nights per week, and that I am not receiving payment for having this student with me.

I certify that this student is residing with me because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

As the host of the student named on this form, and as a resident of the Town of Cromwell, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Cromwell, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the Town of Cromwell in which event the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending the Cromwell Public Schools illegally, the Town of Cromwell reserves the right to recover the costs of such education from me, the undersigned.

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut.

I also understand that this document may be used in a court of law as evidence against me.

\* \* If you are the guardian of the student, please indicate the date and source of your authority:

Date \_\_\_\_\_ Authority \_\_\_\_\_

I, \_\_\_\_\_, understand that I have full  
(Name of Person)  
responsibility for this student concerning any and all school disciplinary, administrative, and medical matters.

\_\_\_\_\_  
Witness (Notary Public) Date Signature Date

**CROMWELL PUBLIC SCHOOLS  
CROMWELL, CONNECTICUT**

**PARENT/GUARDIAN'S STATEMENT**

I hereby certify that \_\_\_\_\_ is my \_\_\_\_\_  
(Student's Name) (Relationship)

and he/she resides with \_\_\_\_\_ who is \_\_\_\_\_  
(Name of Person) (Relationship)

at \_\_\_\_\_  
(No. Street) (Telephone #)

I further certify that this is intended to be a bona fide permanent address at which my child will be living for \_\_\_\_\_ days and \_\_\_\_\_ nights per week and that I am not providing payment for having my child reside with \_\_\_\_\_.

I further certify that my son/daughter is not living with me because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a parent/guardian of the student named on this form, and as a nonresident of the Town of Cromwell, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Cromwell, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in the Town of Cromwell, in which event the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending the Cromwell Public Schools illegally, the Town of Cromwell reserves the right to recover the costs for such education from me, the undersigned.

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut.

I also understand that this document may be used in a court of law as evidence against me.

I hereby certify that the said \_\_\_\_\_ has  
(Person's Name)  
full right to act in my child's behalf concerning any and all school disciplinary, administrative, and medical matters.

\_\_\_\_\_  
Witness (Notary Public) Date Signature Date

**CROMWELL PUBLIC SCHOOLS  
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**CONFIDENTIAL**

**RESIDENCY AFFIDAVIT**

The Cromwell Board of Education, in compliance with statute 10-253(d) of the State of Connecticut, requires this form to be completed for any student who claims residence in Cromwell and is not residing with his or her parent/guardian(s) and whose parent/guardian(s) are not residing in Cromwell. This form is required when there is a question about the child's actual residence. The student, parent/guardian and person with whom the student is living must fill out this form together.

Date \_\_\_\_\_

1. Student's Name \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle)

2. Student's Cromwell Address \_\_\_\_\_  
(No. and Street) (Telephone #)

3. Name of Person With Whom Student Lives \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
(No. and Street) (Telephone #)

4. Date Student Moved to Cromwell \_\_\_\_\_  
(Month) (Day) (Year)

5. Student's Former Address \_\_\_\_\_  
(No. and Street) (Town) (State)

6. Former School \_\_\_\_\_ Grade \_\_\_\_\_

7. Name of Student's Father \_\_\_\_\_  
Father's Address \_\_\_\_\_  
(No. and Street) (Town) (State) (Telephone #)

8. Name of Student's Mother \_\_\_\_\_  
Mother's Address \_\_\_\_\_  
(No. and Street) (Town) (State) (Telephone #)

9. Name and Address of Student's Court Appointed Legal Guardian, if Applicable:  
\_\_\_\_\_  
\_\_\_\_\_