

FORM #2 (CERTIFICATION OF ADDRESS *)

**ANDOVER PUBLIC SCHOOLS www.aps1.net
Affidavit of Residency (Homeowners)**

I/we, the undersigned parent(s) or legal guardian(s) of _____, hereby certify as follows:

1. I/we reside at _____
Home Address – Apartment Number – Andover, MA - Telephone: Home/Cell
2. I/we wish to enroll/continue the enrollment of the above named student in the Andover Public Schools for the _____ school year.

I/we understand that pursuant to Massachusetts law and Andover Public Schools Committee policy, students who actually reside in the Town of Andover may attend the Andover Public Schools and students who do not actually reside in the Town of Andover may not attend the Andover Public Schools, unless a policy exception applies. I/we hereby acknowledge that no such policy exception applies to the above-named student.

3. I/we hereby certify that the above named student resides with me at the Andover Massachusetts address shown on this form.
4. I/we acknowledge that I am/we are required to notify the Principal/Assistant Principal of the above student’s school, **in writing**, of any change in said student’s address within five (5) calendar days of such change of address and **to provide new proof of residency** pursuant to the Andover Public Schools Admission policy, as amended on 12/4/2014.
5. I/we understand that this affidavit will be relied upon by the Andover Public Schools for the purpose of determining the above student’s eligibility to attend the Andover Public Schools on the basis of residency. If said student is enrolled in the Andover Public Schools based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Andover, I/we understand that the student’s enrollment in the Andover Public Schools may be promptly terminated and I/we may be held jointly and severally liable to the Andover Public Schools for the student’s tuition for the full academic year.
6. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

Signed under the pain and penalties of perjury on this _____
(Day) (Month) (Year)

Parent/Guardian 1

Parent/Guardian 2

***** NOTARIZED DOCUMENT REQUIRED ONLY FOR ALL NEW REGISTRATIONS *****

Notary Public:

County: _____, **State:** _____ **personally appeared and subscribed and sworn before me, this,** _____ **day of** _____, **20** _____.

This information contained in this legal affidavit is subject to verification by a residency investigator.

For Official Use Only: New Enrollments-Group A, B & C proofs needed plus notarized form;
Cert of Address: Grades 6 and 9th only: Group B proofs needed – utility bill must be w/in past 45 days