RESIDENCY AFFIDAVIT AND AGREEMENT

I attest that I am the legal guardian of the child/children listed below:

Name		DOB	
Name		DOB	
Name		DOB	
		en are legal residents of and hysical address is:	reside in the Town of
I have been residing at continue as a resident	this address since of that town during th	e 2018-2019 school year.	I intend that I shall
I agree that, immediate the Principal of Strong			ncy of my children, I shall inform
The facts set forth in the or false information ab			derstand that providing misleading
Date		Printed Name	
		Signature	
STATE OF NEW HA COUNTY OF			
On this	day of	20, person	nally appeared the above-named broven to be the person whose name
is subscribed to the wi therein contained.	thin instrument, and a	icknowledged that he/she ex-	ecuted the same for the purposes
Before me,			
		Notary Public/Jus	tice of the Peace

Seal