



EASTON PUBLIC SCHOOLS
AFFIDAVIT OF PARENT/GUARDIAN/RESIDENT

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

Moreover, that he/she resides with _____ who is _____
(Name of person) (Relationship)

At _____ / _____
(Street #, Address) (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 payments for my child to reside with anyone.

As a parent/guardian of the student named on this form and as a resident of the **Town of Easton**, I attest to the accuracy of the information contained in this form. Further, I certify that as a permanent resident of the Town of Easton, the student is eligible for free school privileges. I agree to notify the Easton School Department at 50 Oliver Street, North Easton MA. 02356, within 15 days of termination of the student's permanent residency in the Town of Easton, in which event, the student will no longer be eligible for the free school privileges.

Finally, I understand that, should the student be found to be attending the Easton Public Schools illegally, the Town of Easton reserves the rights to recover the cost of such education from me, the undersigned.

I understand that a perjured or fraudulent statement may lead to prosecution under the criminal statutes of Massachusetts. I also understand that this document may be used on a court of law as evidence against me.

Parent: _____ Date: _____

Home Owner: _____ Date: _____