

# CHELMSFORD PUBLIC SCHOOLS

Dr. Jay Lang, Superintendent

## AFFIDAVIT SUPPORTING RESIDENCE

*I certify that:*

\_\_\_\_\_  
Name of Parent(s) / Legal Guardian(s)

\_\_\_\_\_  
Name(s) of Child(ren):

Reside at: \_\_\_\_\_

in the Chelmsford Public School District, as of \_\_\_\_\_  
(Date)

\*Property Owner or Lessor Signature:

\_\_\_\_\_

Relationship to Parent / Guardian: \_\_\_\_\_

*\*My signature confirms that the information above and supporting documentation I have provided the School District to prove residency are true. I understand that fraudulent claims constitute perjury, punishable by law, and can also result in the expulsion of the student from school and immediate demand for tuition by the School District.*

\*Parent / Guardian Signature:

\_\_\_\_\_

Commonwealth of Massachusetts

County of Middlesex

Subscribed and sworn to me, a Notary Public, in and for said County and State, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

County of Residence of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_