

LEDYARD PUBLIC SCHOOLS RESIDENCY QUESTIONNAIRE

(All sections must be completed for form to be valid)

Replies are kept confidential and are intended to be used only to certify that a student is entitled to attend Ledyard Public Schools

List Student's Names (Last, First, Middle)	DOB	Grade

Address prior to moving to Ledyard: _____

No. and Street
City
State
Zip Code

Father's Name _____ Mother's Name _____

Last First Middle
Last First Middle

Which parents are living at the residence? _____ Mother _____ Father _____ Neither

Father's Info. _____

No. and Street
City
State
Zip Code
Phone

Mother's Info. _____

No. and Street
City
State
Zip Code
Phone

Primary family email _____

Host name (s) _____ Relationship to student _____

Host info. _____

No. and Street
City
State
Zip Code
Phone

Date student moved to the residence _____ How long will the student be residing at this address? _____

Reason family moved to this address _____
 (Continue on back of form if additional space is needed)

If the student is not living with his/her family, will the student return to live with his/her family during school vacations, weekends, and/or the summer? _____ Yes _____ No _____ Not Applicable If yes, please explain on back of form.

Will the student be staying at the host's home seven (7) days a week? _____ Yes _____ No
 If no, please explain on back of form.

Will any fees be paid for living at the residence? _____ Yes _____ No If yes, please explain on back of form.

Signature _____ Date _____

Parent/Guardian (or student if over age 18)

***** TO BE COMPLETED BY LEDYARD PUBLIC SCHOOLS RESIDENCY PERSONNEL *****

Address Verification Date: _____ Signature of Residency Personnel: _____

District Stamp: _____