Portsmouth School Department (SAU #52) 1 Junkins Avenue, Suite 402, Portsmouth, NH 03801

Grade of Student: _____

CERTIFICATION OF RESIDENCY 2017 – 2018 SCHOOL YEAR

It is the policy of the Portsmouth School Board to provide an education for students who are legal residents of the Portsmouth School District as defined by NH State Law, RSA 193:12.

Families who are seeking to enroll their children in the Portsmouth public schools must provide appropriate documentation to demonstrate legal residency pursuant to School Board Policy JFAA and state law.

PARENT MUST COMPLETELY FILL OUT FORM, SIGN AT THE BOTTOM AND HAVE YOUR CHILD RETURN IT TO HIS/HER SCHOOL. PLEASE PRINT.

If further information is required, please contact the Office of the Superintendent at 431-5080.

STUDENT'S NAME:						
Last		First			Middle	
	RESIDENTIAL I	RESPONSIBILIT	ſY			
PRIMARY Parent/Guardian/Legal Custo	odian Name(s) with whom the	e student primarily	resides:			
Last		First		Relationship to Student		
Home Phone #:	Work #:	Work #:		Cell #:		
E-Mail:						
Last		First	Relationship to Student			
Home Phone #:	Work #:	Work #:		Cell #:		
E-Mail:						
PRIMARY Address: NO POST OFFICE	BOXES PLEASE.					
Number/Street	Ci	ty/Town		State	Zip	
	SECONDARY RESIDE					
If divorced, separated or other legal of	ustody, please complete th			rovide A Copy Of	The Custody	
Portion Of The Court Order Or Parent						
% OF TIME STUDENT RESIDES AT S SECONDARY RESIDENTIAL RESPON						
reside:		egal Custoulari Na		T the student does	not primarily	
Last		First		Relationship to Student		
SECONDARY Address: NO POST OFF	FICE BOXES PLEASE.					
Number/Street	Citv	ı/Town		State	Zip	
Home Phone #:	-		Cell #:		-	
E-Mail:						
I understand that my failure to promptly I hereby certify under penalty of perjury			e above inform	ation constitutes fr	aud. Furthermore	
l egal Guardian's Signature				Date:		
			0			
	ency document: Da		d By:Court Order:			