SOMERSET BERKLEY REGIONAL SCHOOL DISTRICT

Residency Affidavit

I/we, the undersi	gned parent(s) or le	gal guardian(s) of				
Hereby certify as	follows:					
1. I/we reside at:	F	E 100 100 100 100 100 100 100 100 100 10				
No. Street	Apt/Unit No.	Somerset/Berkley	State	Zip Code	Telephone	
School District fo Berkley School Co Somerset Berkley	r the / Schoo ommittee policy, stu r Regional School Di	nrollment of the above nad I Year. I/we understand the Idents who actually reside strict. Students who do now Regional School District.	at pursua in the Tov	nt to Massachi wn of Somerse	usetts law and Somerset t/Berkley may attend the	ò
3. I/we hereby ce this form.	ertify that the above	named student resides wi	th me at 1	the Somerset B	erkley address shown or	1
any change in sai	d student's address	e required to notify the Pr within five (5) calendar da omerset Berkley Regional	ys of such	change of add	dress and to provide new	
purpose of deter the basis of resid information cont in Somerset Berk	mining the above st ency. If said studen ained in this affidav	will be relied upon by the udent's eligibility to attend t is enrolled in Somerset B it and it is subsequently de ld jointly and severally liab cademic year.	the Somerkley Reg termined	erset Berkley R gional School D that the stude	legional School District o vistrict based upon the nt does not actually resi	n de
6. I/we further ce	ertify that I am/we a	re the parent(s) or legal gu	ardian(s)	of the above s	tudent.	
Signed under the	pain and penalties	of perjury on this				
(Month)	(Day)	(Year)				
Parent/Guardian Signature			Homeow	ner Signature		
	,befo	re me,the undersigned no proved to me				
On the preceding	g document, and sw	ore under the pains and p	enalties o	of perjury that	the foregoing	
Signature and se	al of notary:	Α				
Printed name of	notary:					
My commission e	expires:					