CHANGE OF ADDRESS FORM

STUDENT NAME: ____________________________

DATE OF BIRTH: ____________________________

PARENT NAME: ____________________________

OLD ADDRESS:
SCHOOL ATTENDING: ____________________________
ADDRESS: __________________________________

__________________________________________

TELEPHONE NUMBER: ____________________________

NEW ADDRESS:
SCHOOL ATTENDING: ____________________________
ADDRESS: __________________________________

__________________________________________

TELEPHONE NUMBER: ____________________________

SIGNATURE: ____________________________ DATE: ____________________________
SCHOOL BUS INFORMATION

Dear Parent(s)/Guardian(s):

Please fill out the following to provide us with information to help us formulate our bus lists for the school year.

If this information should change at any time, it is most important that you notify the secretary of your child’s school as soon as possible.

We will only bus to one location.

Date: ______________________

Please circle your school: Cushman  DeMello  Potter  Quinn  DMS  DHS

Student Name: __________________________________________________________

Student Address: ________________________________________________________

ARRIVAL:

My child will be picked up:

• Neighborhood Bus Stop  Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

• I will Drop Off  Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

• Daycare  Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

Daycare Name: _________________________________________________________

Daycare Address: ________________________________________________________

Daycare Phone Number: _________________________________________________

DISMISSAL:

My child will be dropped off:

• Neighborhood Bus Stop  Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

• I will Pick Up  Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

• Daycare  Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

Daycare Name: _________________________________________________________

Daycare Address: ________________________________________________________

Daycare Phone Number: _________________________________________________

Updated 7/2018
It is the Dartmouth Public Schools' goal to preserve the limited classroom space for Dartmouth residents, by safeguarding the credibility of the residency requirements set forth by the Dartmouth School Committee to avoid educating students not actually residing in Dartmouth.

Before your child/ren is invited to attend the Dartmouth Public Schools, he/she must live with his/her parent(s) or legal guardian(s) in Dartmouth. Guardianship consists of a legal document from a court or other legal agencies.

☐ Registrations will not be accepted unless a valid Massachusetts Driver’s License or a Massachusetts ID issued by the Registry of Motor Vehicles with your current address has been provided along with three (3) forms of proof of residency listed below:

One form from each column specifying the parent/guardian’s residency/address must be provided

(For Column A, if the family is currently living with a family member or a friend, a Landlord Affidavit must be completed and copy of their deed or mortgage statement must be provided)

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Copy of Quitclaim Deed</td>
<td>A utility bill or utility new service work ordered within the past 60 days:</td>
<td>☐ Current Vehicle Registration/Insurance</td>
</tr>
<tr>
<td>☐ Copy of mortgage statement AND recent receipt</td>
<td>☐ Gas Bill</td>
<td>Dated within the Past Year:</td>
</tr>
<tr>
<td>☐ Copy of Lease Agreement (including BHA &amp; HUD leases) AND recent rent receipt</td>
<td>☐ Oil Bill</td>
<td>☐ W2 Form</td>
</tr>
<tr>
<td>☐ Legal affidavit from landlord affirming tenancy AND recent rent receipt</td>
<td>☐ Electric Bill</td>
<td>☐ Vehicle Excise Tax Bill</td>
</tr>
<tr>
<td>☐ Purchase and Sales Agreement</td>
<td>☐ Home Telephone Bill</td>
<td>☐ Property Tax Bill</td>
</tr>
<tr>
<td>☐ Placement Letter</td>
<td>☐ Cable Bill</td>
<td>Dated within the 60 Days:</td>
</tr>
<tr>
<td></td>
<td>☐ Water Bill</td>
<td>☐ Letter from Approved Govt. Agency</td>
</tr>
<tr>
<td></td>
<td>☐ N/A</td>
<td>☐ Payroll Stub</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Bank or Credit Card Statement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ N/A</td>
</tr>
<tr>
<td></td>
<td>*Cell phone bill is NOT Acceptable</td>
<td></td>
</tr>
</tbody>
</table>

Important Notes

- If a Family is sharing housing with an individual or family and does NOT pay rent. Information in the name of that person/family must also be submitted.
- If necessary, in order to preserve the credibility of the residency requirements, site visits will be conducted by the Attendance Officer.
- If your residency changes within the school year, you must provide that information to the school in order for your child/ren’s records to be properly transferred to the new school in a timely manner.
- This residency policy does NOT apply to children who qualify under the McKinney-Vento Homeless Education Assistance Act.
DARTMOUTH PUBLIC SCHOOLS  
8 Bush Street, Dartmouth, MA 02748  
Phone: 508-997-3391 Fax: 508-991-4184 Website: www.dartmouth.school

RESIDENCY AFFIDAVIT – LANDLORD/SHARED TENANCIES

Any applicant seeking to have their child(ren) attend the Dartmouth Public Schools who cannot produce a property deed or lease must have the owner or lessee of the property where the applicant lives complete and sign this legal affidavit. It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payment, unless this affidavit affirms in #3 below that the tenancy does not require rent payment.

My name is ________________________________, and I hereby depose and certify as follows: (Please complete all three items and sign below).

1. I am the owner/property manager of the property located at ________________________________ in Dartmouth.

2. ________________________________, who is the parent/legal guardian of ________________________________, leases/rents this property as their principal residence as a tenancy at-will, from month to month.

3. CHECK ONE:

   ______ I have received within the last thirty (30) days rental payment for the lease/rent of said premises.

   ______ I hereby state that the above named party resides with me at the address above with no rental payment and no utility bills.

As the owner/property manager, I understand that this affidavit will be relied upon by the Dartmouth Public Schools for the purpose of determining the above student’s eligibility to attend the Dartmouth Public Schools on the basis of residency. If said student is enrolled in the Dartmouth Public Schools based upon information contained in this affidavit and it is subsequently determined that the student does not actually reside in Dartmouth, I/we understand that the student’s enrollment in the Dartmouth Public Schools will be promptly terminated and I/we will be jointly liable to the Dartmouth Public Schools for the student’s tuition for the duration of the student’s attendance in the Dartmouth Public Schools.

Signed under the pains and penalties of perjury this ______ day of ____________________________, 20______.

Signature: __________________________________________________________

Print Name: _______________________________________________________

Print Address (including City, State, Zip): ______________________________

________________________________________
Initial owner/property manager

COMMONWEALTH OF MASSACHUSETTS

BRISTOL, ss. Date ________________

On this ______ day of ___________________________20____ before me, the undersigned Notary Public, personally appeared ________________________________ (name of document signer), proved to me through satisfactory evidence of identification, which was ________________________________, to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

______________________________
Notary Public
My Commission Expires: ________________________________

Note: The information contained in this legal affidavit is subject to verification by a residency investigator.

Revised 6/2018