

Acton-Boxborough Regional School District  
Proof of Residency Affidavit

I/We, the parent(s), legal guardian(s) of \_\_\_\_\_  
(Print student's full name)

hereby certify as follows:

1. I/We wish to enroll the above named student in the Acton-Boxborough Regional School District. I/We understand that pursuant to Massachusetts General Law (Chapter 76, Section 5) and Acton-Boxborough Regional School District's Policy, students who actually reside in the Towns of Acton and Boxborough may attend school in the Acton-Boxborough Regional District and students who do not actually reside in the Towns of Acton or Boxborough may not attend school in the Acton Boxborough Regional School District.
2. I/We hereby certify that effective \_\_\_\_\_, 20\_\_\_\_, the above named student is/will be residing at the following address in Acton or Boxborough Massachusetts, with:

\_\_\_\_\_  
Printed Names (s) of Parent(s)/Guardians(s)

\_\_\_\_\_, MA \_\_\_\_\_  
No. Street Apt. No. Town Zip Code

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. I/We acknowledge that I am/we are required to notify the Acton-Boxborough Regional District or the above student's school in writing, of any change in said student's address within five (5) business days of such change of address.
4. I/We understand that this Occupancy Statement will be relied upon by the Acton-Boxborough Regional School District for the purpose of determining the above student's eligibility to attend school in the Acton-Boxborough Regional School District on the basis of residency. If said student is enrolled in the Acton-Boxborough Regional School District based upon the information provided and it is subsequently determined that the student does not actually reside in Acton or Boxborough, I/We understand that the student's enrollment in the Acton-Boxborough Regional School District will be promptly terminated and I/We will be jointly liable to the Acton-Boxborough Regional School District for the student's tuition for the full academic year(s).
5. I/We further certify that I am/we are the parent(s), legal guardians(s), or responsible adult of the above student.
6. I/We understand that all applicants must reside in the Towns of Acton or Boxborough as outlined in Massachusetts General Laws Chapter 76, Section 5 which states:

*Every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excused from or discriminated against in admission to a public school of any town, or in obtaining that advantages privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation. (amended by st. 1971, c622, c.1; st. 1973 c. 925, s 9A, st.. 1993, c. 282; st. 2004, c.352, s.33)*

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Column A	Column B	Column C
Evidence of Residency	Evidence of Occupancy	Evidence of Identification Photo ID
Record of recent Mortgage payment and/or property tax bill	Gas/Oil Electric Bill, Home (not cell) Telephone Bill, Cable Bill, Water Bill (Note: Bill must be dated within the past 45 days and address and name must be stated)	Valid MA Driver's License
Fully Signed and Executed Lease and/or Rental Agreement (Must be Executed by both Parties)	Recent bill dated within the past 45 days showing Acton or Boxborough address and name (Note: A Residency Statement/Affidavit is required with this option)	Valid MA Photo ID Card
Fully signed and Executed Purchase and Sale (P&S) Agreement (provided occupancy date occurs before a student can be registered)	Occupancy Statement/Affidavit must be notarized if a bill can not be provided prior to student's enrollment	Other Government issued Photo ID

Section 8 Agreement

Signed under the pain and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_:

\_\_\_\_\_  
Parent /Guardian (Please circle relationship)

\_\_\_\_\_  
Parent/Guardian (Please circle relationship)

Review by Acton Boxborough Schools: \_\_\_\_\_

Acton Boxborough **Staff** Member's Initials