

**Stoughton Public Schools
Stoughton, Massachusetts**

Residency Statement

I expressly acknowledge receipt of a copy of the Student Residency Policy and Requirements of the Stoughton Public Schools and agree to abide by its terms. I further understand that the Stoughton Public Schools may request additional information from me and that the foregoing requirements are **minimum** requirements set forth by the Department of education. I further acknowledge that if it is determined the residency requirements of Stoughton Public Schools are not met (including the failure to furnish any requested information within three (3) business days of the date of the request), my student may be dismissed immediately from Stoughton Public Schools; and that the student and I (possibly others) will be responsible for tuition and expenses/costs as set forth above for the time during which the student attended Stoughton Public Schools. I understand that any person who knowingly registers or attempts to register a student known by that person to be in violation of the residency requirements shall be subject to criminal prosecution as described above.

Date: _____

Student's printed name: _____

**Printed name of parent, foster parent,
guardian or other person**

**Signature of parent, foster parent,
guardian or other person**