

The Newton School

P.O. Box 239
South Strafford, VT 05070
(802) 765-4351; 765-4785(fax)

Greg Bagnato
Principal

Declaration of Residency Town of Strafford

I, the undersigned, am the parent and/or legal guardian of the child(ren) whose name(s) are listed below: (Please include preschool children.)

STUDENT

SCHOOL

Please list preschool children with date of birth.

I, hereby, declare that I am a legal resident of the town of Strafford and , therefore, that my children are entitled to be educated in approved elementary and secondary schools at the expense of the Strafford Town School District.

My Strafford mailing address _____

My physical address is _____.

Parent/Guardian Name

Printed: _____

Parent/Guardian Telephone Number _____(home) _____(work)

I hereby attest that all the above information is true and accurate.

Date

Signature of Parent or Guardian

Note: Please be aware that Title 13 Section 3016, Vermont Statutes Annotated calls for penalties of up to five years in prison and a fine of \$10,000 for a false claim.

Please return this completed form to the Newton School at the following address:

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PO Box 239

South Strafford, Vermont 05070