

FREEDOM SCHOOL DISTRICT
RESIDENCY REQUIREMENT DOCUMENT
FOR GRADES K-12

Notice: In order to enroll your child in the Freedom Elementary School, Kennett Middle School, or Kennett High School, you must complete this document, attach a "proof of residency" form, and submit them to the Freedom Elementary School Principal's Office. The "proof of residency" form is obtained from the Freedom Town Office. You may also be asked by the Freedom School District to provide a copy of a utility bill to verify residency.

I, _____ certify that I am the custodial parent/legal guardian of _____ and that I have established permanent residence at _____, Freedom, New Hampshire. I further certify that the above mentioned student resides with me at this address.

I understand that I may not have my child or ward enrolled in the **Freedom Elementary School, Kennett Middle School, or Kennett High School** at any time unless I, as custodial parent, am maintaining a bona fide residence within Freedom. I agree to notify the **Freedom Elementary School Principal's Office** if my child or ward and I move from the aforementioned address.

Any effort on my part to illegally have my child or ward enrolled in the **Freedom Elementary School, Kennett Middle School, or Kennett High School** in violation of the residency requirements can result in criminal prosecution for the theft of services from the Freedom School District under New Hampshire State Statutes, and for a violation of any other criminal statutes that may apply. Any conviction carries a potential fine and/or jail sentence.

I also understand that in addition to the aforementioned criminal sanctions, I am also responsible for repayment of tuition for any time that my child or ward is enrolled in the **Freedom Elementary School, Kennett Middle School, or Kennett High School** when I am not a bona fide resident of Freedom. Tuition costs for the school year will be computed for elementary, junior high, and high school education on a per day rate.

I hereby waive my rights to confidentiality of information relative to my residence and understand that the Freedom School District will use whatever legal means it has at its disposal to verify my residency.

Signature
Of Parent/Guardian _____ Date: _____

Town of Freedom Residency Form

Office of Selectmen
P.O. Box 227
Freedom, NH 03836

Town Clerk
P.O. Box 457
Freedom, NH 03836

If you wish to establish residence in Freedom, please provide the following information and return this form. If you move from Freedom, please notify this office. Legally you may not be a resident of more than one State or Town.

NOTICE: This form does not give you voting rights. It is necessary for you to meet with the Supervisors of the Checklist to become a registered voter in the Town of Freedom.

NAME: _____
(Last Name) (First) (Middle)

DATE OF BIRTH: _____

RESIDENCE: _____

MAILING ADDRESS: _____

Previous Voting Address: _____

If you have recently purchased property, from whom did you purchase? _____

Children living at this address: YES ___ NO ___ If yes, give ages: _____

Previous Legal Residence: _____
(Street) (City or Town) (State) (Zip)

COMPLETE THIS SECTION IF MARRIED

Full Name of Spouse: _____

Date of Birth of Spouse: _____

ACKNOWLEDGEMENT OF RESIDENCY

The responsibility for the payment of all applicable taxes assessed in each calendar year until no longer residing in the Town of Freedom and have so notified the Town is hereby recognized. RSA 73:2 Removal of Residence: If a person removes from town on or after April 1st he shall pay his taxes that year in the Town from which he was removed. I hereby certify under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

DATE: _____ SIGNATURE: _____