

New to Easton Student Residency Form



Instructions:

New residents to Easton must complete this form and bring to: (DO NOT send by email or U.S Postal Service)

Administrative Office, 50 Oliver Street, North Easton, MA

Date:		Home Phone:	
STUDENT INFORMATION (Enter Students Full Legal Name)			
Student 1	First	Middle	Last
	Grade	School	
Student 2	First	Middle	Last
	Grade	School	
Student 3	First	Middle	Last
	Grade	School	
HOME ADDRESS			
Physical Street Address		City	Zip
Mailing Address <i>(Only if Different from above)</i>		City	Zip
WITH WHOM DOES THE STUDENT(S) RESIDE?			
<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Other: (please specify)			
<input type="checkbox"/> Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s)			
Contact Name(s) of Above Selection			Cell Phone

FOR ADMINISTRATION OFFICE USE	
<input type="checkbox"/> Affidavit of Parent/Guardian/Resident	<input type="checkbox"/> HOMEOWNERS: Mortgage Statement, Deed or Real Estate Tax Bill <input type="checkbox"/> RENTERS: Copy of signed current lease Expiration Date: _____ Landlord Tele: _____
<input type="checkbox"/> 2 current utility bills (gas, electric, oil, water, cable tv). We cannot accept cell phone bills, medical statements or bank statements	

Approved by _____ Date _____
 Anticipated Start Date _____ Emailed School Date _____