

AFFIDAVIT OF RESIDENCY BY THIRD PARTY

In order to attend Lowell Public Schools, a student must actually reside in the City of Lowell. The residence of a minor child is presumed to be the legal, primary residence of the parent(s) or guardian(s) who have physical custody of the child.

I/We, under the pains and penalties of perjury state the following:

1. I/We are the current owner at	-		edin,
	STATE AND ZIP CODE		, and have offered proof of same.
2 with us at our home/apartme			their child/children, are residing
 I/We acknowledge that the five nights a week 	above mentioned in	dividuals are res	siding in our home a minimum of
4. I/We understand that Lowe checks and to verify the ongoin child/children:			our home to conduct periodic and his/her/their
(Child #1)	(D.O.B.)	(Child #2)	(D.O.B.)
(Child #3)	(D.O.B.)	(Child #4)	(D.O.B.)

at our home, which we understand and acknowledge, can occur at any time, including nights and weekends. _____

5. I/We further understand that Lowell Public Schools can and may utilize a variety of means and/or support staff in which to verify an individual's residency e.g. correspondence, telephone calls, home visits by Attendance Officers, home visits by Student Support Services personnel, and the professional services of a private investigator. _____

6. I/We understand that Lowell Public Schools has the right to seek restitution/relief from us, on behalf of the taxpayers of the City of Lowell, if we are found to have assisted in perpetrating fraud upon the City of Lowell by misrepresenting the residency/sleeping situation of

and his/her/their children at our

home. _____

7. I/We understand that the City of Lowell can and will take legal action to recover the costs of educating each child listed above (which can range from \$15,000 to upwards of \$85,000 when all services and transportation are factored in) and up to and including the costs of legal action.

8. I/we will be jointly and severally liable to the Lowell Public Schools for the student's tuition for the duration of the student's attendance in the Lowell Public Schools, in the event of fraud.

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By signing below, I/We acknowledge that I/We have been placed on notice and that I/We have been fully informed regarding the above information and my/our potential liability.

(Signature of Lowell Resident/Third Party)

(Signature of Parent/Guardian)

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, S	S.,		, 20			
On this	_day of	_20	, before me, the und	ersigned notary pu	ıblic,	
personally app	peared the above named_			_and proved to me	e through	
satisfactory ev	idence of identification, v	which was	5		, and who in	
my presence acknowledged to me that his/her signature was his/her free act and deed.						
On this	_day of	_20	, before me, the und	ersigned notary pu	ıblic,	
personally app	peared the above named_			_and proved to me	e through	
satisfactory ev	idence of identification, v	which was	5		, and who in	
my presence acknowledged to me that his/her signature was his/her free act and deed.						

Notary Public

My commission expires:_____

Date

Date