



DARTMOUTH PUBLIC SCHOOLS

8 Bush Street, Dartmouth, MA 02748

Phone: 508-997-3391 Fax: 508-991-4184 Website: dartmouthps.schoolfusion.us

CHANGE OF ADDRESS FORM

STUDENT NAME: _____

DATE OF BIRTH: _____

PARENT NAME: _____

OLD ADDRESS:

SCHOOL ATTENDING: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NEW ADDRESS:

SCHOOL ATTENDING: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____ DATE: _____



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SCHOOL BUS INFORMATION

Dear Parent(s)/Guardian(s):

Please fill out the following to provide us with information to help us formulate our bus lists for the school year.

If this information should change at any time, it is most important that you notify the secretary of your child's school as soon as possible.

We will only bus to one location.

Date: _____

Please circle your school: Cushman DeMello Potter Quinn DMS DHS

Student Name: _____

Student Address: _____

ARRIVAL:

My child will be picked up:

- Neighborhood Bus Stop Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
- I will Drop Off Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
- Daycare Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Daycare Name: _____

Daycare Address: _____

Daycare Phone Number: _____

DISMISSAL:

My child will be dropped off:

- Neighborhood Bus Stop Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
- I will Pick Up Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
- Daycare Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Daycare Name: _____

Daycare Address: _____

Daycare Phone Number: _____



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It is the Dartmouth Public Schools' goal to preserve the limited classroom space for Dartmouth residents, by safeguarding the credibility of the residency requirements set forth by the Dartmouth School Committee to avoid educating students not actually residing in Dartmouth.

Before your child/ren is invited to attend the Dartmouth Public Schools, he/she must live with his/her parent(s) or legal guardian(s) in Dartmouth. Guardianship consists of a legal document from a court or other legal agencies.

- Registrations will not be accepted unless a valid Massachusetts Driver's License or a Massachusetts ID issued by the Registry of Motor Vehicles with your current address has been provided along with three (3) forms of proof of residency listed below:

One form from each column specifying the parent/guardian's residency/address must be provided

(For Column A, if the family is currently living with a family member or a friend, a Landlord Affidavit must be completed and copy of their deed or mortgage statement must be provided)

Column A	Column B	Column C
<input type="checkbox"/> Copy of Quitclaim Deed if you do not have a mortgage <input type="checkbox"/> Copy of mortgage statement AND recent receipt <input type="checkbox"/> Copy of Lease Agreement (including BHA & HUD leases) AND a recent rent receipt <input type="checkbox"/> Legal affidavit from landlord affirming tenancy AND recent rent receipt <input type="checkbox"/> Purchase and Sales Agreement <input type="checkbox"/> Placement Letter	<p>A utility bill or utility new service work order dated within the past 60 days:</p> <input type="checkbox"/> Gas Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Electric Bill <input type="checkbox"/> Home Telephone Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> N/A <p><i>*Cell phone bill is NOT Acceptable</i></p>	<input type="checkbox"/> Current Vehicle Registration/Insurance <p>Dated within the Past Year:</p> <input type="checkbox"/> W2 Form <input type="checkbox"/> Vehicle Excise Tax Bill <input type="checkbox"/> Property Tax Bill <p>Dated within the 60 Days:</p> <input type="checkbox"/> Letter from Approved Govt. Agency <input type="checkbox"/> Payroll Stub <input type="checkbox"/> Bank or Credit Card Statement <input type="checkbox"/> N/A

Important Notes

- If a Family is sharing housing with an individual or family and does NOT pay rent. Information in the name of that person/family must also be submitted.
- If necessary, in order to preserve the credibility of the residency requirements, site visits will be conducted by the Attendance Officer.
- If your residency changes within the school year, you **must** provide that information to the school in order for your child/ren's records to be properly transferred to the new school in a timely manner.
- This residency policy does NOT apply to children who qualify under the McKinney-Vento Homeless Education Assistance Act.



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RESIDENCY AFFIDAVIT – LANDLORD/SHARED TENANCIES

Any applicant seeking to have their child(ren) attend the Dartmouth Public Schools who cannot produce a property deed or lease must have the owner or lessee of the property where the applicant lives complete and sign this legal affidavit. It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payment, *unless this affidavit affirms in #3 below that the tenancy does not require rent payment.*

My name is _____, and I hereby depose and certify as follows:
(Please complete all three items and sign below).

1. I am the owner/property manager of the property located at _____ in
Dartmouth.

2. _____, who is the parent/legal guardian of _____,
leases/rents this property as their principal residence as a tenancy at-will, from month to month.

3. **CHECK ONE:**

_____ I have received within the last thirty (30) days rental payment for the lease/rent of said premises.

_____ I hereby state that the above named party resides with me at the address above with no rental payment and no utility bills.

As the owner/property manager, I understand that this affidavit will be relied upon by the Dartmouth Public Schools for the purpose of determining the above student's eligibility to attend the Dartmouth Public Schools on the basis of residency. If said student is enrolled in the Dartmouth Public Schools based upon information contained in this affidavit and it is subsequently determined that the student does not actually reside in Dartmouth, I/we understand that the student's enrollment in the Dartmouth Public Schools will be promptly terminated and I/we will be jointly liable to the Dartmouth Public Schools for the student's tuition for the duration of the student's attendance in the Dartmouth Public Schools.

Signed under the pains and penalties of perjury this _____ day of _____, 20_____.

Signature: _____

Print Name: _____

Print Address (including City, State, Zip): _____

COMMONWEALTH OF MASSACHUSETTS

BRISTOL, ss.

Date _____

On this _____ day of _____, 20_____ before me, the undersigned Notary Public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public
My Commission Expires: _____

Note: The information contained in this legal affidavit is subject to verification by a residency investigator.