

THOMPSON PUBLIC SCHOOLS

RESIDENCY AFFIDAVIT RENEWAL

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I \_\_\_\_\_ CERTIFY THAT THE RESIDENCY  
(NAME OF LOCAL RESIDENT)

AFFIDAVIT FILED ON \_\_\_\_\_ ON BEHALF OF MY  
(DATE)

\_\_\_\_\_,  
(RELATIONSHIP)

\_\_\_\_\_, REMAINS TRUE. THE ABOVE NAMED STUDENT  
(STUDENT'S NAME)

RESIDES WITH ME AT \_\_\_\_\_  
(ADDRESS)

CONNECTICUT AND THE TELEPHONE NUMBER IS \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE OF LOCAL RESIDENT)

WITNESSED BY:

\_\_\_\_\_  
(NOTARY PUBLIC)