

CHOICE PROGRAM RESIDENCY VERIFICATION FORM

Please bring this completed form to the Office of School Choice & Enrollment at 54 Meadow Street, New Haven, CT 06519. Please make an appointment in advance by calling (475) 220-1430 or email it to nhpsregistration@new-haven.k12.ct.us

DATE	

LAST NAME	FIRST N	AME					DATE OF BIRTH			
GRADE ENTERING: PRE-K K 1	2	3	4	5	□ 6	□ 7	′ □8	<u> </u>	<u> </u>	<u> </u>
PARENT / GUARDIAN LAST NAME				FIRST NA	ME					
STREET ADDRESS		CITY					STATE		ZIP	
PRIMARY PHONE NUMBER				PRIMAR	Y EMAIL					
My child has been accepted or curre							_		-	school year
DIRECTIONS & REMINDERS 1. The student above must be active	ly enro	الوط س	ith the	الارعا د	chool (distric	t in the	ir towr	of prim	ary residence
2. The parent/guardian must read th	•								i oi piili	ial y l'esidelice
 An official employed by the schoo confirming the child's residency, enrollment processes required by 	intent the ch	to eni ild's to	roll wi wn of	th New primar	Have y resid	n Puk lence.	olic Sch	ools ar	nd comp	lliance with a
Return this letter to the Office of within two weeks of receipt.	f Schoo	l Choic	ce & E	inrolme	nt at 5	54 Me	eadow S	Street,	New Ha	ven, CT 0651
PARENT ATTESTATION										
I attest that I am the Parent/Guardia Interdistrict Magnet School operated New Haven Public Schools – Office o true: 1) I move to place of residence Connecticut or 3) I decide to withday	d by Ne of Schoo within	ew Hav ol Choi n my co	ven Pu ce & E urrent	blic Sch nrollme city or	ools. Eent in a town;	By sig a time 2) I r	ning be ly man elocate	low, I ended and to a new to a	ensure t iny of th ew city	hat I will notif e following ar or town withi
enrollment requirements of New Ha										
PARENT / GUARDIAN SIGNATURE				DATE						
RESIDENCY VERIFIED										

DATE

SIGNATURE FROM RECEIVING NEW HAVEN OFFICIAL