

# Falmouth Public Schools

Dr. Lori Duerr, Superintendent of Schools  
340 Teaticket Highway, East Falmouth, MA 02536  
Phone (508) 548-0151 x 137 FAX (508) 457-9032

## PROOF OF RESIDENCE IN ORDER TO ENROLL

I am the parent or legal guardian of:

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Name(s) of Child(ren)

and wish to enroll my child(ren) in the **Falmouth Public Schools**. I understand that Massachusetts law and Falmouth Public School policy provide, with few exceptions, that each child must attend a public school in the school district and school attendance area where the parent or legal guardian resides. I reside full time at the following street address, and the child(ren) listed above live(s) there at least half of each week (3 ½ - 4 school nights at minimum)

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Street Address

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Unit/Apt. #

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I understand that officials of the **Falmouth Public Schools** may require additional proof that I am the parent or legal guardian of the child(ren) identified by me on this form.

I also understand that officials of the **Falmouth Public Schools** require additional proof that I reside at the address given on this form, such as **the front page of a purchase and sales, lease agreement, or my latest gas/oil or electric bill showing the "service delivered to" address.**

### Declaration

I declare under penalty of perjury that I have read the above statements and information provided by me, that such statements and information are true and complete to the best of my knowledge, and that this declaration was executed on: \_\_\_\_\_

**Date**

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**Print Name**

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**Signature**

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**FOR OFFICE USE ONLY**

Verification of Residence: \_\_\_\_\_

BY: \_\_\_\_\_

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