

SY 2018-2019**Student Residency Verification Form****(Required to be completed by suburban residents ANNUALLY prior to September 1st)****Two Rivers Magnet Middle School**

337 East River Drive, East Hartford, CT 06108

Phone # 860-290-5320 Fax # 860-3634

This section must be completed by parent/guardian (please print):

Name of Student: _____ 2018-19 Grade: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

The above information is correct and accurate.

Parent/Guardian Signature_____
Date**This section must be completed by the School District in the town in which your child resides. Please contact your town Board of Education office to arrange a time for them to complete this form.**

This verifies that _____ resides in the _____ School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Phone Number: _____

Date: _____ Email: _____

[District Stamp]

**This form must be returned to Two Rivers Magnet Middle School or
scanned and emailed to nrivera@crec.org or residencyverification@crec.org**-----
To be completed by school office:

Date received: _____ Date entered into PowerSchool: _____ Date scanned to Business Services: _____