

Montville High School
Old Colchester Road ~ Oakdale, CT 06370
Student Counseling Office

Phone: 860.848.9208
Fax: 860.848.3872

Website
[http:// www.montvilleschools.org](http://www.montvilleschools.org)

Residency Affidavit and Pre-Registration Approval Form

I, _____ am seeking enrollment
Name *Date of Birth*

to Montville High School, effective _____, 20____. I currently reside at

_____ **Baltic** **CT**
Street *City / Town* *State* *Zip Code*

I currently live with _____
Name(s) *Telephone / Cell phone*

who is my (check one):

- | | |
|---|---|
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Family Relative (indicate relationship): _____ |
| <input type="checkbox"/> Legal Guardian | |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Other (please explain) _____ |
| <input type="checkbox"/> Friend | |

Last school attended: _____

Years attended: _____ Number of credits acquired: _____ Grade: _____

I am a (check one): Regular Education Student Special Education Student

Parent / Legal Guardian Signature *Date*

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The town of Sprague has reviewed this form and is recommending that the above named individual complete the registration process for Montville High School. The town of Sprague assumes the cost of tuition for this individual for the remainder of his/her high school career as long as the above-named individual maintains the residency as stated above or remains within the sending district. Please note that this does not include potential fifth year students who need additional approval from the sending town.

Superintendent's Signature *Date*

When complete, please return to: Montville High School Student Counseling Office
800 Old Colchester Road
Oakdale, CT 06370
860.848.1285