

# BLACKSTONE-MILLVILLE REGIONAL SCHOOL DISTRICT

175 Lincoln Street, Blackstone, MA 01504  
(508)-883-4400



## RESIDENCY VERIFICATION

We hereby state the following to be true:

\_\_\_\_\_, \_\_\_\_\_, resides at the home of  
(Student's Name) (DOB)

\_\_\_\_\_, at \_\_\_\_\_ in the Town  
(Home Owner) (Street Address)

\_\_\_\_\_, MA. \_\_\_\_\_ lives at this  
(Student)

address \_\_\_\_\_% of the time. \_\_\_\_\_, will notify the  
(Parent/Guardian)

Blackstone-Millville Regional School District if any of these arrangements should change.

Signed under pains and penalties of perjury:

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Home Owner's Signature) (Date)

Please indicate below any other students in the Blackstone-Millville Regional School District:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_