



BARNSTABLE PUBLIC SCHOOLS

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PROOF OF RESIDENCE IN ORDER TO ENROLL CHILD

I am the parent or legal guardian of:

Childs Name 1: _____

Childs Name 2: _____

Childs Name 3: _____

Childs Name 4: _____

I wish to enroll such child(ren) in the Barnstable Public Schools. I understand that Massachusetts law provides, with few exceptions, that each child must attend a public school in the attendance area where the parent or legal guardian resides. My child(ren) reside at the following street address (where child sleeps determines residency) which I believe is in the boundaries of the Barnstable Public School System.

Street Address

Village **Zip**

I understand that officials of the School Department 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 School Department require additional proof that I reside at the address given on this form.

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.

Type or Print Name or Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date: _____

FOR OFFICE USE ONLY

Verification of _____

By _____
School Use Only