SCHOOL ADMINISTRATIVE UNIT 39 1 School Street, P.O. Box 849 Amherst, New Hampshire 03031-0849

CERTIFICATION OF ADDRESS

Certification of the correct name and address of the student and parent or legal guardian is required to complete a school registration. A separate Certification of Address form is necessary for each student enrolled in the SAU 39 School District.

Only students residing in Amherst or Mont Vernon under the immediate supervision and custody of a parent or legal guardian may enroll without written permission from the Superintendent of Schools. Non-resident students, if admitted, will be expected to comply with all provisions of Board Policy JFAB, Admission of Tuition and Non-Resident Students, including payment of tuition.

Families planning to move into Amherst or Mont Vernon and seeking to enroll children in the SAU 39 School District must provide a certificate of occupancy permit, lease, or other evidence acceptable to the Superintendent of Schools to verify the date of occupancy. A pro-rated payment of tuition is expected; however, the Superintendent of Schools may waive tuition if the period of time between school enrollment and the establishment of residency is less than sixty (60) school days.

1.	Full name of student:			
	a.	Name of School:		
2.	Student residence:			
	a.	Street and Number:		
	b.	Town:Stat	e/ Z ip	
	c.	Telephone Number		
3.	Name	Name and Address of Legal:		
	Check one: □ Parent □ Guardian □ Court Assigned Custodian □ Other			
	a.	Name:		
	b.	Street and Number:		
	c.	Town:State/Zip		
	d.	Telephone Number:		
	ion. FUI	tand that it is my obligation to promptly notify the RTHERMORE, I hereby certify under penalty of perj		
Signature of Legal Guardian: Date:			Date:	
Signature of Town Clerk: Da			_ Date:	
Signature of Superintendent			_ Date:	