



GLOBAL EXPERIENCE MAGNET SCHOOL

2020-2021 STUDENT RESIDENCY/REGISTRATION VERIFICATION FORM

This section must be completed by parents/guardians:

Name of Student: _____ Age: _____ DOB: _____

Grade entering in 2020-21: 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 ___

Guardian Name: _____

Address: _____ Town: _____ ZIP _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

The above information is correct and accurate.

Parent/Guardian Signature Date

- *Acceptable Forms of identification (one must be provided)
- Valid Drivers License with current mailing address
- Recent utility bill with name of guardian and current mailing address

This section is to be completed by the School District that student resides in:

This verifies that _____ is registered in the _____ School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Phone Number: _____

Date: _____

{District Stamp Below}

Mail or Return this form to:

**Global Experience Magnet School
44 Griffin Road S
Bloomfield, CT 06002**