

RESIDENCY STATEMENT

The undersigned, being the Parent/Guardians of _____,
(Herein after referred to as the "Student"), hereby acknowledge, state and agree as follows:

1. The undersigned are permanent residents of the Brighton Central School District (herein after referred to as the "District"), and have provided the appropriate documentation of their residence at:

(Address)

2. The undersigned grant permission for the District to **verify residency** of the Student at the above address, at the time of registration, and from time to time in the future as the District deems necessary. If residence is rented or leased, the district reserves the right to reverify residency at the expiration of the rented or leased property.
3. If the undersigned moves out of the District while the Student is still attending the District's schools, the undersigned will notify the District **in writing immediately**. Notification will be sent to the school the Student attends.
4. If the undersigned moves out of the District, the Student will no longer be considered a resident for school purposes, and the District will have no obligation to educate the Student. The undersigned shall be responsible for payment of non-resident tuition, in accordance with District policy and procedures, starting on the day after the date on which the undersigned move out of the District.
5. The undersigned may request that the District continue to educate the Student. If the District chooses to educate the student, its decision will be made on a space-available basis and will be dependent upon the undersigned complying with District policy and procedures relating to the education of non-resident students including, but not limited to, payment of tuition in advance.
6. If the tuition referred to above is not paid by the undersigned and the District is required to pursue collection, the undersigned shall pay, in addition to the unpaid tuition, all costs, fees and expenses, including reasonable legal fees, incurred by the District to collect the unpaid tuition.

Date: _____

Signature

Please Print Name

Date: _____

Signature

Please Print Name