

# COLCHESTER HIGH SCHOOL

131 LAKER LANE • P.O. BOX 900 • COLCHESTER, VT 05446  
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Heather Baron, Principal  
Jean Shea, Dir. of Student Support Services  
Internet Address: [www.csdvt.org/chs](http://www.csdvt.org/chs)



Justin Brown, Assistant Principal  
Timothy Emery, Assistant Principal  
Bernie Cieplicki, Athletic Director

AFFIDAVIT OF \_\_\_\_\_  
(Name)

\_\_\_\_\_, being duly sworn, deposes and says under oath:  
(Parent)

1. I am the mother/father and custodial parent of \_\_\_\_\_, a grade  
(Select one) (Student Name)  
\_\_\_\_\_ student at \_\_\_\_\_ in the Colchester School District  
(Grade) (School)
2. \_\_\_\_\_ and I reside at \_\_\_\_\_  
(Student) (Colchester Legal Address)
3. I intend to maintain a principal dwelling at said address living there indefinitely and return there after any temporary absences.
4. I understand that if I move to another town to live there indefinitely, I will lose my Colchester residence, even if I intend to return there at some future time.

Dated in \_\_\_\_\_, Vermont, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(City/Town) (Date) (Month) (Year)

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me in \_\_\_\_\_, Vermont, this  
(City/Town)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Date) (Month) (Year)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expiration date