

Child's Name \_\_\_\_\_

**AUBURN PUBLIC SCHOOLS  
Auburn Integrated Preschool Financial Affidavit**

*Instructions:*

*Any resident of the Town of Auburn wishing to be considered for financial assistance for enrollment in the Auburn Integrated Preschool must sign this form indicating that the financial information provided is accurate and complete.*

*It is the responsibility of the parent/guardian to attach a copy of page 1 of your most recent tax return which includes your adjusted gross income.*

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**AFFIDAVIT**

**My name is \_\_\_\_\_ and I am the  
parent/guardian of \_\_\_\_\_.**

**I attest that the following information is true:**

- 1. I am a resident of the Town of Auburn, MA.**
- 2. The financial information I have provided is accurate and complete and  
fully represents the income associated with our household for the year  
\_\_\_\_\_.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Size of Family:** \_\_\_\_\_

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