

Little Falls Township Public Schools

AFFIDAVIT OF RESIDENT – Parent/Guardian Applicant Form

This is a legal document which must be sworn to and signed in the presence of a notary public. You bear the burden to provide proof sufficient to establish residency. If the information provided is false, the Little Falls Board of Education will seek reimbursement of tuition at a cost of \$_____ annually. The Little Falls Board of Education may file a criminal charge against you for any willfully false statement.

STATE OF NEW JERSEY

COUNTY OF _____

SOCIAL SECURITY # _____

I/We _____, and _____
(Resident's Name) (Resident's Spouse)

of full age, being sworn upon my/our oath according to law, depose and says:

I. I/we reside at _____, in Little Falls, New Jersey.

I/we do/do not (circle one) own this property. If I/we own this property, I/we have attached a true copy of the Deed. If I/we lease the premises, I/we have attached a true copy of the lease. If I/we do not have a written lease, I/we have attached a notarized statement of landlord acknowledging tenancy. If applicable, the name and address of my/our landlord is _____.

II. The information provided in this Affidavit is accurate and complete. I/we fully understand that I/we may be held responsible for payment of tuition in the amount of \$_____ annually if the claim for school admission, free of charge, is rejected by the Commissioner of Education.

III. The following information is presented to the Board of Education in support of my/our request for free admission of _____:
(Pupil's Name)

A. 1. Names of Pupil's parents:

(Mother's Last Name) (First Name)

(Father's Last Name) (First Name)

2. Mother's Address

(Home Tel.) (Work Tel.)

Father's Address

(Home Tel.) (Work Tel.)

3. Name of Legal Guardian, if applicable:

(Last Name) (First Name)

4. Address of Legal Guardian:

(Home Tel.) (Work Tel.)

5. Are you the Legal Guardian? _____

If not, have you applied to Court? YES NO (Circle One)

When? _____

Provide Documentation to support this answer.

B. 1. School and grade Pupil desires to attend:

2. What school did Pupil last attend?

(Name of School)

(Address)

3. Date of last attendance: _____

C. 1. Address at which this Pupil is now living:

2. Telephone Number: _____

3. Last prior address of Pupil:

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- IV. I am making this affidavit pursuant to N.J.S.A. 18A:38-1b, to induce the Little Falls Board of Education to accept said Pupil in the public schools of the District free of charge.
- V. I understand that if any of the information provided above is changed, for any reason, it is my responsibility to immediately notify the Little Falls Superintendent of Schools.
- VI. I understand that the Board of Education reserves the right to make periodic checks as to our continuing support for the Pupil named above and his/her residence in our home. In addition, the Board of Education reserves the right to require additional documentation to verify the residency and dependency of the Pupil named above. I agree to cooperate with any investigation by the Board of the facts set forth in this affidavit.

The above statements and attachments are true and complete. I know that if they are false, I am subject to punishment, including personal liability for the payment of tuition for the entire school year, or any portion thereof.

Sworn to and subscribed
before me this _____
day of _____, 20____.

Applicant's Signature

Notary Public

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