



Washington Township Public Schools

Registration Office

Eileen Abbott Central Administration Building

206 E. Holly Avenue, Sewell, NJ 08080

(856) 589-6644

Parent/Legal Guardian Certification for an Affidavit Student

To be completed by the child's parent/legal guardian when the child is or will be residing with an individual who is domiciled in the Washington Township School District and is not the child's parent/legal guardian (and does not have custody of the child). The Resident Certification for an Affidavit Student must also be completed.

CHILD:

PARENT/LEGAL GUARDIAN:

I, _____ do swear under oath to the following:
(Name of Parent/Legal Guardian)

1. My date of birth is _____ .
(Date)
2. My telephone number is _____ .
3. My email address is _____ .
4. I reside at _____ .
(Street Address, Apt. #, City, State, Zip Code)
5. I have resided at the above address since _____ .
(Approx. Date)
6. My previous residence is _____ .
(Street Address, Apt. #, City, State, Zip Code)

and I lived there from approximately _____ to _____ .

7. I am the (circle one): natural parent legal guardian

Of _____.
(Child's Name)

8. The child's other (circle one) natural parent legal guardian

is _____ and resides at
(Name of other Natural Parent/Legal Guardian)

(Street Address, Apt. #, City, State, Zip Code)

9. The following individuals have custody of the child:

(Name)	(Address)	(Relationship to Child)
_____	_____	_____
_____	_____	_____

(Continue on back of page if needed)

10. The child does not reside with me at my home.

11. In addition, the child does not reside with his/her other natural parent/legal guardian.

12. I am not capable of supporting or providing care for the child due to the following family or economic hardships:

13. I am attaching documentation to support the validity of the statements made in the above paragraph.

14. The child resides with _____, who lives at
(Name of Washington Township School District Resident)

(Street Address, Apt. #, City, State, Zip Code)

a. This individual has resided within the Washington Township School District at the above-listed address since _____.
(Approx. Date)

b. The child has resided with this individual since _____.
(Approx. Date)

- c. The child previously resided at _____
 (Street Address, Apt. #, City, State, Zip Code)
- from _____ to _____ and resided with _____.
 (Date) (Date) (Names)
- d. The above-listed individual (circle one) is is not related to the child by blood or marriage. The individual's relationship to the child is as follows: _____.
- e. The child is or will be (1) sleeping at the above-listed individual's residence, (2) leaving from that residence in the morning, and (3) returning to that residence from school in the afternoon on a continuous and ongoing basis.
- f. The individual supports the child gratis (without compensation or reimbursement from me or any relative) as if the child were the individual's own child. I agree to supply the Washington Township School District with all relevant information and documentation to support this statement.
- g. The individual will support the child gratuitously for longer than the current school year ending in June _____.
- h. The individual has assumed all personal obligations for the child relative to school requirements.
- i. I affirm that the child is not residing with the individual for the sole purpose of receiving a free public education in the Washington Township School District.

15. When the child no longer resides with the individual listed in Paragraph 14 or when the child's residence changes, I will immediately notify the Central Registration Office of the Washington Township School District.

16. I will immediately notify the Central Registration Office of the Washington Township School District of any change in the facts provided in this Affidavit.

17. I agree to supply the Washington Township School District with all relevant information and documentation to support the statements contained in this Affidavit.

18. I agree to resubmit this Affidavit annually prior to the beginning of each new school year for review by the Washington Township School District.

19. I affirm that I am not attempting to the child for the sole purpose of receiving a free public education in the Washington Township School District.

20. I understand that it is a violation of N.J.S.A. 18A:38-1(c) for any person who fraudulently allows a child of another person to use his/her residence for entry into the local public school system and is not the primary financial supporter of that child and any person who fraudulently claims to have given up custody of his or her child to a person in another school district. ~~commits a disorderly persons offense and is liable to a maximum jail term of six months and to a maximum fine of \$500, or both.~~

21. I understand that it is a violation of N.J.S.A. 18A:38-1(b) for any person who allows a child of another person to use his/her residence for entry into the local public school system where such child is not entitled by law to a free public education in the local public school system will be held liable for tuition to the local public school district.

22. I affirm that the information provided and the statements made in this Affidavit are true.

23. I have read all of the above statements and fully agree to the terms **knowing I am subject to the above penalties should I use this affidavit for purposes other than it is legally intended for.**

(Signature of Parent/Legal Guardian)

(Date)

(Printed Name of Parent/Legal Guardian)

NOTARY

Sworn to and subscribed before me

this _____ day of

_____, 20____

(Month)

(Notary Signature)



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Resident Certification for an Affidavit Student

To be completed by the individual domiciled in the Washington Township School District who is not the child's parent/legal guardian (and does not have custody of the child) and with whom the child is residing or will reside. The Parent/Legal Guardian Certification for an Affidavit Student must also be completed.

CHILD: _____ DOB: _____

RESIDENT: _____

I, _____, do swear under oath to the following:
(Name of Resident)

1. My date of birth is _____.
(Date)

2. My telephone number is _____.

3. My email address is _____.

4. I reside at _____.
(Street Address, Apt. #, City, State, Zip Code)

a. I have resided at the above address since _____.
(Approx. Date)

b. This residence (circle one) is is not my permanent home.

c. I (circle one) do do not intend to move from this residence.

d. I (circle one) rent own do not own/rent this residence.

i. If I own this residence, I will provide a copy of my property tax bills and/or mortgage statements.

ii. If I am renting this residence, I will provide a copy of my lease or a sworn statement by my landlord of my tenancy if I do not have a written lease.

iii. If I am not renting this residence and do not have a written lease, I will submit a Homeowner or Landlord Certification.

e. I reside with the following individuals at this residence:

(1)	_____	_____	_____
	(Full Name)	(Relationship)	(Approx. Dates)
(2)	_____	_____	_____
	(Full Name)	(Relationship)	(Approx. Dates)
(3)	_____	_____	_____
	(Full Name)	(Relationship)	(Approx. Dates)
(4)	_____	_____	_____
	(Full Name)	(Relationship)	(Approx. Dates)
(5)	_____	_____	_____
	(Full Name)	(Relationship)	(Approx. Dates)

(Continue on back of page if needed)

5. My previous residence is _____,
(Street Address, Apt. #, City, State, Zip Code)

and I lived there from approximately _____ to _____.

6. I (circle one) am am not related to the child by blood or marriage.

My relationship to the child is as follows: _____.

7. The child currently resides with me at the residence listed in Paragraph 4 and has resided with me at this residence since _____.
(Approx. Date)

8. The child is or will be (1) sleeping at my residence, (2) leaving from my residence in the morning, and (3) returning to my residence from school in the afternoon on a continuous and ongoing basis.

9. I support the child gratis (without compensation or reimbursement) as if the child were my own. I am not receiving any financial assistance from the child's parents, guardians, or relatives. I am supporting the child gratuitously for longer than the current school year ending in June _____.

10. I have assumed all personal obligations for the child relative to school requirements **and responsibilities.**
11. **I affirm that the child is not residing with me for the sole purpose of receiving a free public education in the Washington Township School District.**
12. **I understand that it is a violation of N.J.S.A. 18A:38-1(c), for any person who fraudulently allows a child of another person to use his/her residence for entry into the local public school system and is not the primary financial supporter of that child. ~~commits a disorderly persons offense and is liable to a maximum jail term of six months and to a maximum fine of \$500, or both.~~**
13. **I understand that it is a violation of N.J.S.A. 18A:38-1(b), for any person who allows a child of another person to use his/her residence for entry into the local public school system where such child is not entitled by law to a free public education in the local public school system will be held liable for tuition to the local public school district.**
14. When the child no longer resides with me or when the child's residence changes, I will immediately notify the Central Registration Office of the Washington Township School District.
15. When I no longer reside at the address listed in Paragraph 4, I will immediately notify the Central Registration Office of the Washington Township School District.
16. I will immediately notify the Central Registration Office of the Washington Township School District of any change in the facts provided in this Affidavit.
17. I agree to supply the Washington Township School District with all relevant information and documentation to support the statements contained in this Affidavit.
18. I agree to resubmit this Affidavit annually prior to the beginning of each new school year for review by the Washington Township School District.

19. I affirm that the information provided and the statements made in this Affidavit are true.

20. I have read all of the above statements and fully agree to the terms.

(Signature of Washington Township Resident)

(Date)

(Printed Name of Washington Township Resident)

NOTARY

Sworn to and subscribed

this _____ day of

_____, 20__.

(Month)

(Notary Signature)