STUDENT NAM	ИE		SCHOOL	
	I	Please Print	_	Please Print
		FOR 2022	2/2023 SCHOOL YEA	.R
School District questions must and wife must s	to determine be answered sign this Affi	e whether the pupi or the Affidavit v davit.	il is entitled to a free e will not be considered.	sed by the Morris Hills Regional High ducation in this school district. Every If Applicant is married, both husband ek to recover from you the cost of the
education for th	ne year(s) in	volved, at a cost of	of <u>\$22,399.00</u> annually	7. In addition, the Board of Education nst you for any willful misstatement.
		<u>AFFID</u>	AVIT OF RESIDENT	
STATE OF NEV	V JERSEY)) ss.		
COUNTY OF M	IORRIS)		
(Resident' upon his/her/the	,	(Resident		f full age, being sworn
		, in the Town of		
		, County	of	, State of
·				is property, I/we have attached a true ed a true copy of the lease. If I/we do

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 \$22,399.00 annually if the claim for school admission, free of charge, is rejected by the Commissioner of Education.

tenancy. If applicable, the name and address of my/our landlord is

not have a written lease, I/we have attached a notarized statement of landlord acknowledging

aam	ission of	– (Pupil's	Name)	(Date of Birth)
A.	1.	Names of Pupil's p	parents:	
	(M	Mother's Last Name)		(First Name)
	`	ather's Last Name)		(First Name)
	2. ^M	other's Address	(No.)	(Street)
	(T	own)	(State)	(Zip Code)
	(H	Iome Telephone #)		(Work Telephone #)

Father's Address

		(No.)	(Street)
		(State)	(Zip Code)
3.	(Town)		
	,		(Work Telephone #)
4.	(Home Telephone #)	oplicable:	
	Name of Legal Guardian	, if a	
	(Last Name)		(First Name)
	Address of Legal Guardi	an:	
1.	(Number)		(Street)
	(Town)	(State)	(Zip Code)
	(Home Telephone #)		(Work Telephone #)
	School and grade Pupil d	esires to attend:	
2.	What school did Pupil las	st attend?	

B.

of last attendance: ress at which this Pupil vn) phone Number: prior address of Pupil:	(No.) (State)			
vn) phone Number :	(No.)			
phone Number:				(Street)
phone Number:	(State)			(Zip Code)
				(<u>—</u> P 2000)
prior address of Pupil:				
	(No.)			(Street)
vn)	(State)			(Zip Code)
n whom does this Pupil	now live?			
t Name)				(First Name)
e when?				
			(Be specific)	
is this pupil not living	with parents?			
	et Name) The when? The when? The when? The when? The when are you to the series of the series o	wn) (State) In whom does this Pupil now live? It Name) It when? It relation are you to this pupil? It relation are you to this pupil?	wn) (State) In whom does this Pupil now live? It Name) It relation are you to this pupil? you the Legal Guardian? (Provide Proof) It is this pupil not living with parents?	wn) (State) In whom does this Pupil now live? In the Name when? In the relation are you to this pupil? In the relation are

5.	Set forth in full and complete detail why neither parent is capable of caring for or providing support of the Pupil, and why the Pupil will be residing with you.
6. 1.	The pupil will/will not (circle one) be residing with me for the sole purpose of receiving a free public education in the district. Do the parents currently pay any of the costs of maintaining this Pupil?
2.	If so, how much? \$ per week \$ per month \$ per year For what purpose?
or	During the school year, will you receive any payments or contributions either in money in lodging, food, clothing, medical insurance/expenses, recreation, or any other thing or rvice of value in connection with the support, maintenance and education of the Pupil.
	Yes No
	Explain (Be specific as to Amount, Type and Purpose of Payment or contribution)

G. 1. Who is furnishing the pupil a <u>permanent</u> home at his/her own expense?

	2.	Who is financially responsible for the pupil?
	3.	Who is providing medical insurance for the pupil?
		Name of policy holder and insurance company, if applicable.
	4.	When do you expect the pupil to move out of your home? (Provide
		specific date)
Н.	1.	Have you declared this pupil as a dependent for federal income tax purposes?
		For what years?(Provide copies of IRS 1040 Form)
	2.	Will you declare this pupil as a dependent for federal income tax purposes during the time the pupil resides with you? _ Provide a copy of your latest 1040 IRS return.
	3.	If you will not declare the pupil as a dependent for federal income tax purposes during the time the pupil resides with you, who will claim the pupil?
I.	1.	Does this pupil currently live with his/her parents any part of the week?
		If so, how many days per week?
	2.	Any part of the month?

		If so, how many days per month?
	3.	Any part of the year?
		If so, so many days per year?
J.	1.	During this school year, will this pupil live with his/her parents any part of the week?
		If so, how many days per week?
	2.	Any part of the month?
		If so, how many days per month?
	3.	Any part of the year?
		If so, so many days per year?
	4.	Will this pupil live with his/her parents during the summer?
K.	1.	Is this pupil a state ward?
	2.	State the name and address of anyone who provides any part of this child's support and state the amount of such support
L.	1.	Are this pupil's expenses paid fully or in part by any charitable agency?

	2.	ii so, give name and address of a	gency		
IV.	requireme		ial obligations for the pupil with respect to schoon or payment of any kind from the parent in connection of the pupil.		
V.		-	SA. 18A:38-1(b), to induce the Morris Hills Regiona the public schools of the District free of charge.		
VI.	. I understand that if any of the information provided above is changed, for any reason, it is m responsibility to immediately notify the Chief School Administrator of the Morris Hills Regional High School District.				
VII.	Board of and depend	g support for the pupil named abo Education reserves the right to red	n reserves the right to make periodic checks as to our ve and his/her residence in our home. In addition, the quire additional documentation to verify the residency I/we agree to cooperate with any investigation by the		
	shment, inc		d complete. I know that if they are false, I am subject to yment of tuition for the entire school year, or any portion		
	rn to and su re me this	ubscribed day c, 20	Resident's Signature		
* * *	*****	Notary Public	Resident's Signature (Spouse) ************************************		
		FOR ADMINISTI	RATIVE OFFICE USE		
			is approved for admission to		

Date:	
	Secretary, Board of Education

Attachment Checklist:

- Copy of Lease IRS 1040
- Proof of Guardianship or Application