

STUDENT NAME _____ SCHOOL _____
Please Print Please Print

FOR 2019/2020 SCHOOL YEAR

This is a legal document. The information provided by you will be used by the Morris Hills Regional High School District to determine whether the pupil is entitled to a free education in this school district. Every questions must be answered or the Affidavit will not be considered. If Applicant is married, both husband and wife must sign this Affidavit.

If the information provided is false, the Board of Education may seek to recover from you the cost of the education for the year(s) involved, at a cost of \$19,028.00 annually. In addition, the Board of Education may file, in the appropriate court, a disorderly person's charge against you for any willful misstatement.

AFFIDAVIT OF RESIDENT

STATE OF NEW JERSEY)
) ss.
COUNTY OF MORRIS)

_____, _____,
(Resident's Name) (Resident's Name - Spouse)
of full age, being sworn upon his/her/their oath according to law, deposes and says:

I. I/we reside at No. _____, in the Town of _____, County of _____, State of _____.

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 \$19,028.00 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 request for free admission of _____
(Pupil's Name) (Date of Birth)

A. 1. Names of Pupil's parents:

(Mother's Last Name) (First Name)

(Father's Last Name) (First Name)

2. Mother's Address _____
(No.) (Street)

(Town) (State) (Zip Code)

(Home Telephone #) (Work Telephone #)

Father's Address _____
(No.) (Street)

(Town) (State) (Zip Code)

(Home Telephone #) (Work Telephone #)

3. Name of Legal Guardian, if applicable:

(Last Name) (First Name)

4. Address of Legal Guardian:

(Number) (Street)

(Town) (State) (Zip Code)

(Home Telephone #) (Work Telephone #)

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:

_____ (No.) _____ (Street)

_____ (Town) _____ (State) _____ (Zip Code)

2. Telephone Number : _____

3. Last prior address of Pupil:

_____ (No.) _____ (Street)

_____ (Town) _____ (State) _____ (Zip Code)

D. 1. With whom does this Pupil now live?

_____ (Last Name) _____ (First Name)

Since when? _____

2. What relation are you to this pupil? _____ (Be specific)

3. Are you the Legal Guardian? _____ (Provide Proof)

If not, have you applied to Court? _____

When? _____ (Provide Proof)

4. Why is this pupil not living with parents?

_____ (Be specific)

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. The pupil will/will not (circle one) be residing with me for the sole purpose of receiving a free public education in the district.

E. 1. 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? _____

F. 1. During the school year, will you receive any payments or contributions either in money or in lodging, food, clothing, medical insurance/expenses, recreation, or any other thing or service 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 permanent 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)
- H. 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. _____

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- L. 1. Are this pupil's expenses paid fully or in part by any charitable agency? _____
2. If so, give name and address of agency. _____
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- IV. I/we will assume all personal and financial obligations for the pupil with respect to school requirements, and will receive no contribution or payment of any kind from the parent in connection with the support or maintenance or education of the pupil.
- V. I am making this affidavit pursuant to N.J.S.A. 18A:38-1(b), to induce the Morris Hills Regional High School District to accept said pupil in 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 my responsibility to immediately notify the Chief School Administrator of the Morris Hills Regional High School District.
- VII. I/we 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/we 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 _____

Resident's Signature

Notary Public

Resident's Signature
(Spouse)

FOR ADMINISTRATIVE OFFICE USE

_____ is approved for admission to

Date: _____

Secretary, Board of Education

Attachment Checklist:

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