

**Vernon Township Board of Township
PO Box 99
Vernon, NJ 07462
Phone (973) 764-2900**

This is a **Legal Document**. The information which you will provide will be used by the Vernon Public School District to determine whether the pupil(s) is entitled to a free education in this school district. Please answer each question.

This Affidavit is made in compliance with provisions of N.J.S.A. 18A:38-1 as amended and is being executed and delivered to the Superintendent of Schools of the Vernon Township Public School District for the specific purpose of inducing the District to permit the pupil named herein to obtain a free education in the public schools of the Vernon Township District. I understand that the Vernon school system will rely on the truth of the statements made in this document. I also understand that I may be required to produce documents and/or records to demonstrate the truth of the statements I will make in this document.

This Affidavit is to be completed by the parent(s) seeking to register their child(ren) within the District without establishing a permanent residence with the District. If the applicant is married, both husband and wife must sign this affidavit.

I also understand that false execution of this affidavit is an offense punishable by civil and/or criminal law, and that if I provide false information, I could be held liable for payment of tuition for the full period of illegal attendance by this pupil.

PARENT AFFIDAVIT OF LEGAL RESIDENCE AND PUPIL DOMICILE

STATE OF NEW JERSEY:

SS

COUNTY OF SUSSEX:

I/We _____, being duly sworn according to law, upon oath,
(PARENT'S NAME)

1. I am the parent or guardian of _____.
2. We are currently residing at _____.
 I own
 I rent
 Other
 This is a permanent residence
 This is a temporary residence

Please indicate below if you would like to be contacted by a representative of Sussex County Social Services Project Self Sufficiency for assistance. All information will be kept confidential.

- Yes, please have someone contact me for assistance at _____
 No, I do not need assistance (Phone Number)

3. We previously resided at _____
 We Owned We Rented Other

4. Previous School: _____
District: _____
State and County: _____

5. I certify that I am not using this address for the sole purpose of receiving a free public education within the Vernon Township School District.

6. I am aware that I must furnish the Board of Education with the appropriate documentation from time to time to support the validity of the foregoing statements and that if this living arrangement should change, I will contact the Vernon Township Board of Education immediately.

7. I understand that if I have supplied false statements, answers, or declarations contained in this Affidavit or if it is determined that I have fraudulently allowed my child to use the residence of another person as a means of obtaining a free public education that I/We may be subject to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:28-2 and upon conviction thereof, I/We may be punished by a fine of up to \$75,000.00 and/or be imprisoned for up to 18 months.

Parent Signature

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

Notary Public of New Jersey

**VERNON PUBLIC SCHOOLS
RESIDENCY INFORMATION SHEET**

Student's Name: _____

Parent/Guardian Name(s): _____

Phone number(s): _____ Email address _____

Address: _____

Is the student's legal parent/guardian name(s) on the deed, mortgage, or lease? Yes No

Siblings of student's names:	School (if applicable):
_____	_____
_____	_____
_____	_____
_____	_____

Please answer the following questions:

- | | | |
|---|-----|----|
| 1. Is this student's home address a temporary living arrangement? | Yes | No |
| 2. Is this a temporary living arrangement due to loss of housing or economic hardship? | Yes | No |
| 3. Is this student in temporary or emergency foster care placement? | Yes | No |
| 4. As a student, are you living with someone other than your parents or legal guardian? | Yes | No |

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here and sign below _____

1. Where is this student currently living? (check box)

- With more than one family in a house or apartment Temporary/emergency foster home
- In a motel/hotel- Name of motel/hotel: _____
- In a shelter-Name of shelter: _____
- Transitional Housing- Name of transitional housing: _____
- Group Home- Name of group home: _____
- Moving from place to place or a location not designed for sleeping accommodations (car, park, campsite)

2a. Move in Date? _____ **2b. How long do you plan to live at this residence?** _____

3. With whom does the student currently live: (check box and circle where necessary)

- Both parents
- One parent- *Mother/Father* Which Parent(s) has legal custody?*Mother/Father*
- A relative-Specify which (e.g. grandmother)
- Friends or other adults- please identify.
- An adult who is not a parent or legal guardian- please identify?

4. In your child's previous school, did he/she receive any of the following? (check all that apply)

- Special Education/Exceptional Children's Services- Describe: _____
- 504 Accommodation Plan-Describe: _____
- English As a Second Language (ESL) services
- Academically or Intellectually Gifted services
- Help for Behavior Improvement Counseling services
- Tutoring Services

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to 'the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district.

Parent/Guardian Signature: _____

Date: _____