ENGLEWOOD PUBLIC SCHOOL DISTRICT

274 Knickerbocker Road Englewood, NJ 07631

AFFIDAVIT OF TEMPORARY RESIDENCY

STATE OF NEW JERSEY: SS: COUNTY OF BERGEN:		<u>AFFIDAV</u>	<u>IT</u>
Ι,		-	_, of full age, being duly sworn according to
law, upon my oath depose an	ıd say:		
I am the parent/guardian of	;		
Name of Child(ren)	Age	Grade	School
			in the City of
	n, State o	of New Jersey.	This has been my place of residence since
2. I have/do not have (cross ou have a domicile or residence e	t term the	nt does not apply where is it loca	v) a domicile or residence elsewhere. If you ted and when do you live there?
	roofs of	my residence (i	.e., utility/phone bill, bank statement or e, explain the reasons why:
3. I desire to register or conti	nue to en	roll my child in	ı the Englewood Public School District.
			ely notify the Englewood Public School of Englewood address above.
5. I swear/affirm that I am no the student attending school i		trict.	identified herein solely for the purpose of
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- 6. I hereby assume liability for any tuition assessed if my child(ren) is determined to have been ineligible for a tuition free education in the Englewood Public School District during any period which he/she was allowed to attend school based on the facts contained in this Affidavit.
- 7. This Affidavit is submitted for the purpose of requesting that the Englewood Board of Education accept or continue to enroll my child(ren) as a student in the Englewood Public School District on a tuition free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge that the Englewood Board of Education will rely upon the truthfulness and accuracy of this information. If any of the statements contained in this Affidavit are willfully false, I am aware that I may be subject to the criminal penalties provided by law for perjury and/or false swearing, will remain subject to all other obligations and/or liabilities which I have assumed elsewhere in this Affidavit and are imposed by applicable law, and may be liable for the payment of tuition if it is determined that my child(ren) is ineligible for a tuition free education in the Englewood Public School District.

· .	Signature of Parent/Guardian
Subscribed and sworn to before me	
This day of	, 20
(Signed)	
Notary Public of	
Commission Expires	
(Notary Stamp with name of Notary and S	eal)