REGISTRATION AFFIDAVIT FOR THE
JACKSON TOWNSHIP SCHOOL DISTRICT

PLEASE PRINT

FOR: _____
(name of student)

STATE OF NEW JERSEY
COUNTY OF OCEAN :SS

_____ being duly sworn according to law, alleges and states:
(name of parent/guardian)

1. I am the parent or the legal guardian of the pupil named above.

2. The child named above resides with me at the following address located within the Jackson Township School District:

   _____

   (The physical street address. Post Office boxes are not acceptable)

3.