JACKSON TOWNSHIP SCHOOL DISTRICT

Third Party Residency Form – PART A
Sworn Statement of Resident

Parental/Child Residency Notification
(Parent and Child Reside with a Jackson Resident)

I, _____, _____, _____
Parent/Legal Guardian – (Please Print) Current Street Address City, State, Zip Code

_____ _____
Parent – Work Phone # Parent – Cell Phone #

hereby verify that my child and I

_____ _____ _____
Child's Full Name – (Please Print) Date of Birth School

will be residing at the home of

_____, _____, _____
Homeowner/Resident – (Please Print) Street Address City, State, Zip Code

_____ _____ _____
Homeowner – Home Phone # Homeowner – Work Phone # Homeowner – Cell Phone #

Proof of Residency Submitted (must provide one of the following):

Lease_____ Mortgage Information_____ Deed_____ Tax Bill_____

- x I understand that I may be assessed the penalty of unpaid tuition if my child is enrolled in violation of the residency requirements.
- x I understand that making a false affidavit is a third degree crime in the state of New Jersey and is punishable by a fine of up to $7,500.00 or a term of imprisonment of up to 5 years, or both.
- x I understand that the District Attendance Officer has the right to visit the home to verify residency.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Homeowner (Resident) Date

Sworn to and subscribed before me this

_____ day of _____, 20___

_____ _____
A Notary Public of the State of New Jersey Commission expiration

5/2013