

**PARENTS RESIDING WITH HOST FAMILY AFFIDAVIT**  
**WILLINGBORO SCHOOL DISTRICT**  
440 Beverly Rancocas Road  
Willingboro, NJ 08046

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**AFFIDAVIT**

**TO BE COMPLETED BY PARENTS OF CHILDREN RESIDING WITH HOST FAMILY**  
**LIVING IN WILLINGBORO TOWNSHIP**

State of New Jersey)  
:SS.  
County of Burlington)

Do you consider this residence transitional \_\_\_\_Yes \_\_\_\_ No

Student(s) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mother's Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mother's Former Address: \_\_\_\_\_

Father's Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mother's Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Father's Former Address: \_\_\_\_\_

Mother's Marital Status: \_\_\_\_\_  
Student is presently under primary of \_\_\_\_\_  
Name

Father's Marital Status: \_\_\_\_\_  
Relationship of Primary caregiver: \_\_\_\_\_

Student's primary caregiver is/is not presently residing with \_\_\_\_\_  
Host's Name

Relationship of Host to Student: \_\_\_\_\_ Numbers of years known \_\_\_\_\_

Parent (Primary Caregiver) Employer: \_\_\_\_\_  
Firm/Company/Agency, etc.

\_\_\_\_\_  
Firm/Company/Agency Address and Phone Number

Family and/or Economic hardship requiring parent (primary caregiver) and/or the student(s) reside with above mentioned host family (be specific):

\_\_\_\_\_  
\_\_\_\_\_

Last school attended by child: \_\_\_\_\_

School District: \_\_\_\_\_

City and State: \_\_\_\_\_

(Parents Residing with Host Family Affidavit – Continued)

This affidavit is made in order to induce the Board of Education of the Township of Willingboro to admit the aforesaid child/children to attendance, free within the school district, knowing that the said Board of Education of the Township of Willingboro is relying upon the truth of each statement made herein in admitting the aforesaid student into the school system. I certify that I have been given a copy of District Policy #5111.

I understand that the district is relying on the statements I have made in this affidavit. I further understand that:

- a) I am acknowledging permission for a Residency Verification. \_\_\_\_\_ (Initial)
- b) Any initial determination of eligibility is subject to more thorough review and re-evaluation, and there is a potential for assessment of tuition in the event that an initially admitted applicant is later found to be ineligible. **Affidavits must be updated annually.** \_\_\_\_\_ (Initial)
- c) If any of the statements I have made are false, I am subject to criminal prosecution for false, a crime of the fourth degree, pursuant to N.J.S.A. 2C:28-2, upon which I may be sentenced to jail for a period of time not to exceed 18 months and assessed a fine not to exceed \$10,000. \_\_\_\_\_ (Initial)
- d) In the event the Board challenges any of the statements I have made, and it is determined that the child/children is/are not eligible to attend the District's schools, I will be obligated to pay the Willingboro School District the tuition cost for all days of ineligible attendance in the District's schools. Tuition shall be based on actual cost per pupil, and shall include the cost of any additional educational programs and/or services required for the child(ren)'s education. \_\_\_\_\_ (Initial)

**VERIFICATION**

I, \_\_\_\_\_, being of full age, do solemnly swear: That I have read and understand the foregoing affidavit and that the foregoing statements made by me in this affidavit are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to criminal prosecution.

\_\_\_\_\_  
Parent (Primary Caregiver) Signature

Sworn and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

A Notary Public of New Jersey