

NORTH BRUNSWICK TOWNSHIP SCHOOL DISTRICT

Post Office Box 6016 · North Brunswick, NJ 08902
Phone: (732) 289-3000 x 53067 · Fax: (732) 297-6590

Two empty rectangular boxes for stamps or signatures.

TEMPORARY AFFIDAVIT OF RESIDENCY
VALID FOR CURRENT SCHOOL YEAR ONLY

Please Print - All questions require a response. *All information will be verified for accuracy*

Date _____

Student(s)

Name of Student: _____ Date of Birth: _____ Sex _____ School: _____ Grade: _____
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Name of Student: _____ Date of Birth: _____ Sex _____ School: _____ Grade: _____
Name of Student: _____ Date of Birth: _____ Sex _____ School: _____ Grade: _____

PARENT/GUARDIAN: Are you temporarily residing with relatives or friends out of necessity because your family lacks a regular or permanent residence of your own? Yes No

Name of Parent/Guardian: _____ Relationship _____
Previous Home (Address, City, State) _____ From _____ To _____
Current Home (Address): _____
Employer: (Name, Address, City, State) _____
Phone Contacts: Home _____ Work _____ Cell _____

Name of Parent/Guardian: _____ Relationship _____
Previous Home (Address, City, State) _____ From _____ To _____
Current Home (Address): _____
Employer: (Name, Address, City, State) _____
Phone Contacts: Home _____ Work _____ Cell _____

NORTH BRUNSWICK RESIDENT

Name of Resident: _____ Relationship _____
Address: _____
Employer: (Name, Address, City, State) _____
Phone Contacts: Home _____ Work _____ Cell _____

PROOF of RESIDENCY: (If not available, must be submitted to this office within 30 days)

Resident- Proof of Residency (3 articles): Deed Tax Bill Lease/Lease Expiration Date: _____
 Two Proofs: _____ _____

Parent/Guardian- Proof of Residency (2 articles): _____ _____

I/we certify that the above information is true. I/we understand that submission of a knowingly false affidavit will constitute a violation of Sections 2C: 28-2 and 2C:28-3 of the New Jersey Criminal Code for which violation a fine or imprisonment or both, may be imposed in addition to all accrued tuition and legal fees incurred by the North Brunswick Township Board of Education. I/we understand that it is my responsibility to immediately report to the Board of Education any change of residence, which occurs for the above-mentioned student. I/we authorize the Board of Education to verify all information including the above address with the landlord and the employer.

Signature of Parent/Guardian

Signature of Parent/Guardian

Signature of Resident

Sworn and subscribed to before me this _____
Day of _____ 20____
Signature _____
Print _____

OFFICE USE ONLY
Date: _____
District Approval: _____

Parent/Guardian _____ Due: _____ Resident _____ Due: _____

The above documents must be received within 30 days.