

NORTH BRUNSWICK TOWNSHIP SCHOOL DISTRICT

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

OWNER/LANDLORD AFFIDAVIT * VÁLIDO PARA EL AÑO ESCOLAR ACTUAL SOLAMENTE *

Esta declaración jurada debe completarse cuando el solicitante no tiene contrato de arrendamiento o el contrato de alquiler es para una casa privada o la fecha de alquiler ha vencido o el contrato de alquiler es mensual o el contrato de arrendamiento es "no oficial".

Nombre del padre / tutor: _____ **Relación** _____
Domicilio anterior (dirección, ciudad, estado) _____ **De** _____ **To** _____
Domicilio (actual): _____
Empleador: (nombre, dirección, ciudad, estado) _____
Contactos del teléfono: Casa _____ Trabajo _____ Celular _____

Estudiante(s)

Nombre del estudiante: _____ Fecha de nacimiento: _____ Sexo _____ Escuela: _____ Grado: _____
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Yo / nosotros certificamos que la información anterior es verdadera. Entendemos que la sumisión de una declaración jurada falsa constituirá una violación de las Secciones 2C: 28-2 y 2C: 28-3 del Código Penal del estado de Nueva Jersey, por lo cual se puede imponer una multa o prisión o ambas, además de todos los costos legales y de matrícula acumulados por la Junta de Educación de North Brunswick Township. Yo / nosotros entendemos que es mi responsabilidad reportar inmediatamente a la Junta de Educación cualquier cambio de residencia, que ocurre para el estudiante mencionado anteriormente. Yo / nosotros autorizamos a la Junta de Educación a verificar toda la información incluyendo la dirección arriba mencionada con el propietario y el empleador.

Firma del padre/tutor _____ **Fecha:** _____

OWNER/LANDLORD

Date: _____

I am the Owner/Landlord(name) _____ of property located in
North Brunswick at: _____

The property is a/an: _____ Single family home _____ Multi-family home _____ Other _____

I can be reached at address: _____ Phone/Cell #: _____

Student's Parent Guardian: _____
The persons registering are tenants with one of the following: With _____ Without a written lease _____ Monthly _____

The persons named above: _____ are _____ are not related to me. Describe the relationship: _____

The persons named above began to occupy the property on (date) _____ The lease expires on _____

Owner /Landlord – Please attach a copy of your township tax bill.

I have been informed of the procedures and requirements regarding registration and I understand them. I understand that the Board is relying on the truth of the statements I have made in this affidavit in admitting the student(s) to the North Brunswick Public Schools and in incurring the cost and expense of the student's education.

I further understand that if any of the statements I have made are false, I may be subject to criminal prosecution for false swearing to or for uttering a false writing under the New Jersey Code of Criminal Justice. (N.J. A 2C:21-4a), (2c:28-2a). Both crimes are offenses of the fourth degree. A person who has been convicted of a fourth degree crime may be sentenced to a term of imprisonment not to exceed 18 months and to the payment of a fine not to exceed \$7500.00. I also may be subject to prosecution for the disorderly person's offense of offering a false statement to a public office N.J.S.A. (2C:21-3b), and a court may sentence me to a term of imprisonment not to exceed six months and payment of a fine not to exceed \$1000.00. In any case the Court may require me to make restitution to the Board of Education to pay for the tuition of the student, as described below.

I understand that it is my responsibility to notify, and I will notify, the Secretary of the North Brunswick Board of Education within five days of any changes that may occur relating to any information provided in this Affidavit. I understand that I am required to file a new Affidavit prior to the beginning of each school year.

I hereby authorize the North Brunswick Board of Education, or its representative, to take any and all necessary action to investigate, verify, and confirm all statements made by me in this Affidavit and I will provide all additional information requested to verify and confirm such statements.

I have read and I understand the foregoing Affidavit. The statements made by me and the answers given by me to questions in the Affidavit are true. I know that if any of the statements made or answers given by me is willfully false, I am subject to criminal prosecution.

Landlord's Signature _____

Sworn and subscribed to before me this Day of _____ 20____ Signature _____ Print _____ A Notary Public of the State of New Jersey

Office Use Only **Parent/Guardian Proof of Residence:** Lease Exp. _____

Proofs _____ Date _____
District Approval _____