

FORM 6C

I/we do/do not (circle one) own this property. If I own this property, I have attached a true copy of the Deed. If I lease the premises, I have attached a true copy of the lease. If I do not have written lease, I have attached a notarized statement of landlord acknowledging tenancy. If applicable, the name and address of my landlord is

II. The information provided in this Affidavit is accurate and complete. I fully understand that I may be held responsible for payment of tuition in the amount of \$10,000.00 annually if the claim for school admission, free of charge, is rejected by the Commissioner of Education.

III. The following information is presented to the Board of Education in support of my request for free admission of _____

(Student's Name)

A. 1. School and grade Student will attend:

2. What school did Student last attend?

(Name of School)

(Address)

(City)

(State)

(Zip)

(Phone No.)

3. Date of last attendance: _____

B. 1. Address at which this Student is now living:

(No.)

(Street)

(Town)

(State)

(Zip Code)

2. Telephone Number: _____

3. Last prior address of Student:

(No.)

(Street)

(Town)

(State)

(Zip Code)

FORM 6C

C. 1. With whom does this Student now live?

(Last Name)

(First Name)

Since when? _____

2. What relation are you to this student? _____

(Be Specific)

3. Set forth in full and complete detail why this Student is living with you.

IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

4. Set forth in full and complete detail why neither parent is capable of caring for or providing support of the Student, and why the Student will be residing with you.

IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

FORM 6C

D. 1. Name of Student's parents:

(Mother's Last Name (First Name)

(Father's Last Name (First Name)

2. Mother's Address _____

(No.)

(Street)

(Town)

(State)

(Zip Code)

(Home Phone)

(Work Phone)

(Cell Phone)

Father's Address _____

(No.)

(Street)

(Town)

(State)

(Zip Code)

(Home Phone)

(Work Phone)

(Cell Phone)

3. Name of Legal Guardian, if applicable:

(Last Name)

(First Name)

4. Address of Legal guardian:

(No.)

(Street)

(Town)

(State)

(Zip Code)

(Home Phone)

(Work Phone)

(Cell Phone)

5. Are you the legal guardian? _____

If not, have you applied to Court? YES NO

When? _____ (Provide Proof)

Provide Documentation to support this answer

FORM 6C

6. To answer question #5, circle either will or will not

The student will/will not be residing with me for the sole purpose of receiving a free public education in the district.

E. 1. Do the parents currently pay any of the costs of maintaining this Student?

Yes No

2. If so, how much? \$ _____ per week
\$ _____ per month
\$ _____ per year

For what purpose? _____

3. When do you expect the Student to move out of the district resident's home?

(Provide specific date)

F. 1. Have you declared this Student as a dependent for Federal and State income tax purposes? _____

For what years? _____

2. Will you declare this Student as a dependent for Federal and State income tax purposes during the time the Student resides with you? YES NO

3. If you will not declare the Student as a dependent for Federal and State income tax purposes during the time the Student resides with you, who will claim the student? _____

G. 1. Does this Student currently live with his/her parents any part of the week? YES NO If so, how many days per week? _____

2. Does this Student currently live with his/her parents any part of the month? YES NO If so, how many days per month? _____

3. Does this Student currently live with his/her parents any part of the year? YES NO If so, how many days per year? _____

FORM 6C

- H. 1. During the school year, will this Student live with his/her parents any part of the week? YES NO If so, how many days per week? _____
2. During the school year, will this Student live with his/her parents any part of the month? YES NO If so, how many days per month? _____
3. During the school year, will this Student live with his/her parents any part of the year? YES NO If so, how many days per year? _____
4. Will this Student live with his/her parents during the summer?
YES NO

- I. 1. Is this Student a state ward? YES NO
2. State the name and address of anyone who provides any part of this child's support and state the amount of such support.

- J. Are this Student's expenses paid fully or in part by any charitable agency?
YES NO If so, give name and address of Agency.

IV. I/will assume all personal and financial obligations for the Student with respect to school requirements, and will receive no contribution or payment of any kind from the Parent in connection with the support or maintenance or education of the student

V. I am making this affidavit pursuant to N.J.S.A.C. 18A:38-1(b), to induce the Union Township Board of Education to accept said Student in the public schools of the District free of charge.

VI. I/we understand that the Board of Education reserves he right to make periodic checks as to our continuing support for the Student named above and his/her residence in our home. In addition, the Board of Education reserves the right to require additional documentation to verify the residency and dependency of the Student named above. I/we agree to cooperate with any investigation by the Board of Education the facts set forth in this affidavit.

The above statements and attachments are true and complete. I know that if they are false, I am subject to punishment, including personal liability for the payment of tuition for the entire school year, or any portion thereof.

Sworn to and subscribed
Before me this _____
Day of _____, _____:

(Resident's Signature)

Notary Public

(Resident's Signature)