

# UNION TOWNSHIP BOARD OF EDUCATION

2369 Morris Avenue, Union, New Jersey 07083

908-851-6403

6-A – AFFIDAVIT PARENT

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Please return the completed affidavit registration packet to the above address.

## ENROLLMENT OF AFFIDAVIT STUDENTS

### REGISTRATION REQUIREMENTS

In order to register in the Union Township School District you must complete the attached forms as well as provide all required documents as described on page two. A child between the ages of five and under twenty who is living/residing in the home of an adult, not his/her parent(s) or legal guardian(s), residing within the boundaries of the Union Township Board of Education School District, may be enrolled tuition-free in the schools of the District provided that all requirements of New Jersey law are met. New Jersey Statute 18A:38-1 provides that a child living with such a resident must be:

- supported gratis (free of charge) by the resident as if the child were the resident's own child; and
- kept and supported in the resident's home because of family or economic hardship in the child's family and not simply to attend one of the schools in district. The child must reside in the resident's home throughout the calendar year and remain for longer than the school year.

The resident must assume all responsibility for the child relative to school requirements, function as the child's parent(s)/guardian(s) and sign a sworn affidavit attesting to same. Furthermore, New Jersey law also requires that the parent(s) or legal guardian(s) permitting their child to live with another individual must be incapable of supporting or providing care for the child due to family and/or economic hardship. The parent(s) must sign a sworn affidavit attesting to the existence of such problems. Affidavits must be submitted by the resident and parent(s).

### DOCUMENTATION

In order to satisfy legal requirements, residents who are not the parents(s) or legal guardian(s) of a child, seeking to enroll that child in the Union Township Board of Education School District, shall submit to the District the admission forms, and legal affidavits enclosed in this admission packet **annually** and present the documents listed on page two. **All documents presented must be originals and one copy of each original document.**

## FORM 6A

### COMPLETED AFFIDAVIT FORMS

#### AFFIDAVIT DOCUMENTS:

- **Proof of medical coverage** if student is covered by insurance
- **Documents to substantiate economic and/or family hardship** from the parent/guardian and the district resident as described in detail below

#### Affidavit Documentation

**The affidavits should be accompanied by documentation to verify the existence of a hardship and the amount of support provided. Failure to submit sufficient documentation to establish compliance with law may result in the denial of the application.** The information and documentation provided with the admission request shall be used by the District to determine the validity of the request. If the evidence does not support the validity of the request, the child will not be permitted to enroll.

#### Economic Hardship

In the event you are stating, under oath, that **economic hardship** exists which prevents the parent from supporting and providing care for the pupil, submit documentation to support the validity of that claim, which may include, but not be limited to documentation verifying: salary; unemployment status; receipt of federal and/or state public assistance or other benefits; and such other documentation which will establish economic hardship.

#### Family Hardship

In the event you are stating, under oath, that a **family hardship** exists which prevents the parent from supporting and providing care for the pupil, submit documentation to support the validity of that claim, which may include, but not be limited to documentation verifying: medical and/or mental health treatment; DYFS and/or other child welfare agency involvement; and such other documentation which will establish family hardship.

#### Economic and Family Hardship

In the event you are stating, under oath, that both **family and economic hardship** exist which prevent the parent from supporting and providing care for the pupil, submit documentation to support the validity of both claims.

**You bear the burden to provide proof sufficient to establish the existence of a family or economic hardship which renders the parent incapable of providing support or care for the pupil. Fraudulent statements or claims for admission will be prosecuted to the full extent of the law.**

FORM 6A

This is a legal document which must be sworn to and signed in the presence of a notary public. If Applicant is married, both husband and wife must sign this Affidavit. Every question must be answered or the Affidavit will not be considered. You bear the burden to provide proof sufficient to establish the existence of a family or economic hardship which renders you incapable of providing support or care for the pupil.

If the information provided is false, the Board of Education will seek reimbursement of tuition at a cost of approximately \$10,000.00 annually. The Board of Education may file a criminal charge against you for any willfully false statement.

AFFIDAVIT OF PARENT/GUARDIAN

STATE OF NEW JERSEY    )  
  : S.S.  
COUNTY OF                    )

\_\_\_\_\_, of full age, being sworn upon his/her/their  
(Parent's Name)

oath according to law, deposes and says:

I. I reside at No. \_\_\_\_\_, in the town of \_\_\_\_\_  
County of \_\_\_\_\_, State of \_\_\_\_\_.

I 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 approximately \$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 \_\_\_\_\_  
(Pupil's Name)

A. 1. I am the Parent/Guardian (circle one) of:

\_\_\_\_\_  
(Pupil's Name)

**FORM 6A**

**2. Parent completing Affidavit:**

**Your Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address of other residence owned or leased by parent** \_\_\_\_\_

\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Number of years at present address** \_\_\_\_\_

**3. Pupil's other Parent:**

**Spouse Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address of other residence owned or leased by parent** \_\_\_\_\_

\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Number of years at present address** \_\_\_\_\_

**4. Are there brothers or sisters of the Pupil attending or about to be enrolled in the Union Township Board of Education? \_\_\_\_\_**

**Are there brothers or sister of the Pupil presently attending school in another district? \_\_\_\_\_**

**5. If answer to either or both of the preceding questions is "yes", in what district and school does each other child attend school?**

**Name** \_\_\_\_\_

**District and School** \_\_\_\_\_

**Name** \_\_\_\_\_

**District and School** \_\_\_\_\_

**FORM 6A**

6. **If other brothers or sisters of this Pupil are attending school in another district, why should this student be enrolled in this district?**

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7. **If you are no longer married or living with the Pupil's other parent, do you have court awarded custody?\_\_\_\_\_ If yes, please attach a copy.**

**B. 1. School and grade Pupil desires to attend:**

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2. **What school did Pupil last attend?**

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(Name of School) (Address)

3. **Date of last attendance:\_\_\_\_\_**

4. **Address at which this Pupil is now living:**

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(No.) (Street) (Town)

5. **Telephone Number:\_\_\_\_\_**

7. **Last prior address of Pupil:**

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(No.) (Street) (Town)

**C. 1. With whom does this Pupil now live?**

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(Last Name) (First Name)

2. **Name and address of resident with whom the Pupil will be living.**

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FORM 6A

3. What relation to the Pupil is the person name in C-2?

\_\_\_\_\_  
(Be Specific)

4. Is any individual named as the Pupil's Legal Guardian?

\_\_\_\_\_  
(Provide Proof)

5. Set forth in full and complete detail why this Pupil is not living with you.

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

**IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.**

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

6. I am not capable of supporting or providing care for the child due to family or economic hardship for the following reasons (Be Specific).

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

**IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.**

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

D. 1. Do you, the parent currently pay any of the costs of maintaining this Pupil?

Yes No

2. If so, how much? \$\_\_\_\_\_per week  
\$\_\_\_\_\_per month  
\$\_\_\_\_\_per year

For what purpose? \_\_\_\_\_

**FORM 6A**

- E. 1. During the time the pupil resided with Resident named in C-2, will you, the parent, provide any payments or contributions either in money or in lodging, food, clothing, medical insurance/expenses, recreation, or any other thing or service of value in connection with the support, maintenance and education of the Pupil?**

**Yes                      No**

- 2. Explain (Be Specific as to Amount, Type and Purpose of Payment or Contribution).** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- F. 1. Who is financially responsible for this pupil?**

\_\_\_\_\_

- 2. Who is providing medical insurance for the pupil?**

\_\_\_\_\_

**Name of policy holder and insurance company, if applicable.**

\_\_\_\_\_

**Attach copy of Proof of Insurance Coverage for the Pupil**

FORM 6A

3. When do you expect the Pupil to move out of your home?

\_\_\_\_\_  
(Provide specific date)

G. 1. Have you declared this Pupil as a dependent for Federal and State income tax purposes? \_\_\_\_\_

For what years? \_\_\_\_\_

2. Will you declare this Pupil as a dependent for Federal and State income tax purposes during the time the Pupil resides with the resident named in C-2?

3. If you will not declare the Pupil as a dependent for Federal and State income tax purposes during the time the Pupil resided with the resident named in C-2, who will claim the Pupil? \_\_\_\_\_

H. 1. Does this Pupil currently live with his/her parents any part of the week?  
YES NO If so, how many days per week? \_\_\_\_\_

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

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

I. 1. During the school year, will this Pupil 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 Pupil 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 Pupil live with his/her parents any part of the year? YES NO If so, how many days per year? \_\_\_\_\_

4. Will this Pupil live with his/her parents during the summer?  
YES NO

J. 1. Is this Pupil 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.

\_\_\_\_\_



FORM 6A

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

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

V. I/We understand that the Board of Education reserves the right to make periodic checks as to our continuing support for the Pupil 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 Pupil 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Parent/Guardian's Signature)