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. N.J.S.A. 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;

- Be 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; and

- 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.

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 an economic hardship exists which prevents you, the parent from supporting and providing care for your child, you must submit documentation to support the validity of that claim. This 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 an economic hardship.

Family Hardship

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

Economic and Family Hardship

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

This is a legal document which must be sworn to and signed in the presence of a notary public. If the 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 student.

By completing this document, you acknowledge that the information contained herein is true and accurate. Knowingly or willfully providing incorrect or otherwise false information will subject you to prosecution on the basis of False Swearing, a crime of the fourth degree, pursuant to N.J.S.A. 2C:28-2, upon which you may be sentenced to jail for a period of time not to exceed 18 months and a assessed a fine not to exceed $10,000. Additionally, the Board of Education will seek reimbursement of tuition at a cost of $14,707.00 annually.

AFFIDAVIT OF PARENT/GUARDIAN
STATE OF NEW JERSEY

COUNTY OF

(Parent's Name), of full age, being sworn upon his/her/their 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 $14,707.00 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 _________________________________.

   (Child's Name)

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

       _________________________________.

       (Child's Name)

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. Other Parent (If applicable):

Spouse Name

Address

Address of other residence owned or leased by parent

Home Phone Work Phone

Number of years at present address

4. Does your child have any siblings attending or about to be enrolled in the Union Township Board of Education?
   Yes No

Does your child have and siblings presently attending school in another district?
   Yes No

5. If the answer to previous questions is “yes”, in what district and school does each other child attend?
   Name
   District and School

   Name
   District and School

6. If the Child’s siblings are attending school in another district, why should this student be enrolled in this district?


7. If you are no longer married or living with the Child’s other parent, do you have court awarded custody? If yes, please attach a copy.

B. 1. School and grade your child desires to attend:

(Name of School) (Grade)
2. What school did Pupil last attend?

(Name of School)

Address:

4. Date of last attendance:

4. Address at which your child is now living:

(No.) (Street)

(Town) (State) (Zip code)

5. Telephone Number:

7. Last prior address of your child:

(No.) (Street)

(Town) (State) (Zip code)

C. 1. With whom does your child now live?

(Last Name) (First Name)

2. Address of resident with whom your child will be living.

3. What is the relationship between your child and the person named in C-1?

(Be Specific)
4. Is there any individual named as your child’s Legal Guardian?

(Provide Proof)

5. Set forth in full and complete detail why your child 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 my 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 your child?

   Yes    No

2. If so, how much?

   $___________ per week

   $___________ per month

   $___________ per year

For what purpose?

E. 1. During the time that your child resides with the Resident named in C-1, 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 your child?

   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 your child?

________________________________________

2. Who is providing medical insurance for your child?

________________________________________

Name of policy holder and insurance company, if applicable.

________________________________________

(Attach copy of Proof of Insurance Coverage for your child)

3. When do you expect your child to move out of the home of the Resident listed in C-1?

________________________________________

(Provide specific date)

G. 1. Have you declared your child as a dependent for Federal and State income tax purposes?

   Yes   No

For what years? ____________________________

2. Will you declare your child as a dependent for Federal and State income tax purposes during the time the Pupil resides with the resident named in C-1?

   Yes   No
3. If you will not declare your child as a dependent for Federal and State income tax purposes during the time the Pupil resided with the resident named in C-1, who will claim your child? 

H. 1. Does your child currently live with either parent or guardian during any part of the week?

   Yes          No

If so, how many days per week? 

2. Does your child currently live with either parent or guardian during any part of the month?

   Yes          No

If so, how many days per month? 

3. Does your child currently live with either parent or guardian during any part of the year?

   Yes          No

If so, how many days per year? 

H. 1. During the school year, will your child live with either parent or guardian during any part of the week?

   Yes          No

If so, how many days per week? 

2. During the school year, will your child live with either parent or guardian during any part of the month?

   Yes          No

If so, how many days per month? 

3. During the school year, will your child live with either parent or guardian during any part of the year?

   Yes          No

If so, how many days per year? 

4. Will your child live with either parent or guardian during the summer?

   Yes          No

I. 1. Is your child a state ward?

   Yes          No
2. State the name and address of anyone who provides any part of your child’s support and state the amount of such support.


K. Are your child’s expenses paid fully or in part by any charitable agency?

Yes       No

If so, give the name and address of the Agency.


IV. I/we will not provide either personal nor financial obligations for the Student with respect to school requirements, and the individual listed in C-1 will receive no contribution or payment of any kind from either myself or any other parent/Guardian in connection with the support or maintenance or education of my child.

V. I/we am/are making this affidavit pursuant to N.J.S.A. 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 the right to make periodic checks as to our 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.

VII. I/we acknowledge that the above statements and attachments are true and accurate. I/we further acknowledge and understand that knowingly or willfully providing incorrect or otherwise false information will subject me/us to prosecution on the basis of False Swearing, a crime of the fourth degree, pursuant to N.J.S.A. 2C:28-2, upon which I/we may be sentenced to jail for a period of time not to exceed 18 months and assessed a fine not to exceed $10,000. Additionally, I/we understand and acknowledge that the Board of Education will seek reimbursement of tuition at a cost of $14,707.00 annually.

Sworn to and subscribed

Before me this __________________________
Day of __________________________.

(Parent/Guardian’s Signature)

__________________________________________
Notary Public

(Parent/Guardian’s Signature)