UNION TOWNSHIP BOARD OF EDUCATION
2369 Morris Avenue, Union, New Jersey 07083
908-851-6403
6B – AFFIDAVIT OF GUARDIAN

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. 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 economic hardship exists which prevents you, the guardian, from supporting and providing care for the student, 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 economic hardship.

**Family Hardship**
In the event you are stating, under oath, that a family hardship exists which prevents you, the guardian, from supporting and providing care for the student, 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 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 guardian, from supporting and providing care for the pupil, 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 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 GUARDIAN

STATE OF NEW JERSEY)
COUNTY OF ___)

__________________________________________
(Guardian’s Name) __________________________________________
(Guardian’s Spouse)
of full age, being sworn upon his/her/their oath according to law, deposes and says:

I. I/we reside at No. __________________________, in the town of __________________________.
   County of __________________________, State of __________________________.
   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 $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 __________________________.

   (Student’s Name)

A. 1. Are you the legal guardian?
   
      Yes          No

      If not, have you applied to Court?

      Yes          No

      If yes, when? __________________________

      (You must provide documentation to support this answer)

   2. What is your relation to this student? __________________________

      (Be Specific)
3. Address of Legal guardian:

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<thead>
<tr>
<th>(No.)</th>
<th>(Street)</th>
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<table>
<thead>
<tr>
<th>(Town)</th>
<th>(State)</th>
<th>(Zip Code)</th>
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</table>

<table>
<thead>
<tr>
<th>(Home Phone)</th>
<th>(Work Phone)</th>
<th>(Cell Phone)</th>
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</table>

4. Name of Student’s parents:

<table>
<thead>
<tr>
<th>(Mother’s Last Name)</th>
<th>(First Name)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>(Father’s Last Name)</th>
<th>(First Name)</th>
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</table>

Mother’s Address

<table>
<thead>
<tr>
<th>(No.)</th>
<th>(Street)</th>
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<tr>
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Father’s Address

<table>
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<tr>
<th>(No.)</th>
<th>(Street)</th>
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<th>(Home Phone)</th>
<th>(Work Phone)</th>
<th>(Cell Phone)</th>
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B. 1. School and grade Student will attend:

________________________________________

2. What school did Student last attend?

<table>
<thead>
<tr>
<th>(Name of School)</th>
<th>(Address)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
<th>(Phone No.)</th>
</tr>
</thead>
</table>
3. Date of last attendance: ____________________________________________________

C. 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)

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

   (Last Name)  (First Name)

   Since when? _____________________________________________________________

2. What is their relation to the student? _______________________________________

   (Be Specific)

3. Set forth in full and complete detail why this Student is not living with you.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
4. Set forth in full and complete detail why neither the parents listed in A-4 nor you, the guardian, are capable of caring for or providing support to the Student, and why the Student will be residing with the individual listed in D-1.

IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

5. Will the student be residing with the individual listed in D-1 for the sole purpose of receiving a free public education in the district?

   Yes         No

E. 1. Do either the student’s parents or you 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? ____________________________________________

F. 1. During the time the student resides with the individual in D-1, will they receive any payment 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 Student?

   Yes         No
G. Explain (Be Specific as to Amount, Type and Purpose of Payment or Contribution).  


IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.


During the time the student resides with the Resident listed in D-1, will you make 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 Student?

YES  NO

Explain (Be Specific as to Amount, Type and Purpose of Payment or Contribution).  


IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.


G. 1. Who is furnishing the Student a permanent home at his/her own expense?
2. Who is financially responsible for this student?

3. Who is providing medical insurance for the student?

Name of policy holder and insurance company, if applicable.

(Attach copy of Proof of Insurance Coverage for the Student)

4. When do you expect the Student to move out of your home?

(Provide specific date)

5. When do you expect the Student to move out of the district resident’s home listed in D-1?

(Provide specific date)

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

   Yes   No

   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?

I. 1. Does this Student currently live with either you or his/her parents during any part of the week?

   Yes   No

   If so, how many days per week?
2. Does this Student currently live with either you or his/her parents during any part of the month?
   Yes               No
   If so, how many days per month?____________________________________

3. Does this Student currently live with either you or his/her parents any part of the year?
   Yes               No
   If so, how many days per year?____________________________________

J. 1. During the school year, will this Student live with either you or his/her Parents during any part of the week?
   Yes               No
   If so, how many days per week?________

2. During the school year, will this Student live with either you or his/her parents during any part of the month?
   Yes               No
   If so, how many days per month?________

3. During the school year, will this Student live with either you or his/her parents any part of the year?
   Yes               No
   If so, how many days per year?________

4. Will this Student live with either you or his/her parents during the summer?
   Yes               No

K. 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.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
L. Are this Student’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 D-1 will receive no contribution or payment of any kind from either myself or the student’s Parent(s) in connection with the support or maintenance or education of the student.

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 ______________________.

______________________________
(Notary Public)

______________________________
(Guardian’s Signature)

______________________________
(spouse)

(Guardian’s Signature)