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

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

ENROLLMENT OF AFFIDAVIT STUDENTS

SPECIAL AFFIDAVIT OF A RESIDENT PROVIDING HOUSING FOR A FAMILY WITH SCHOOL AGE CHILDREN

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 the parent(s) or 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 the parent(s) or 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 prevents the parent(s) or guardian from supporting and providing care for the pupil, 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. The Board of Education will use this affidavit to determine whether the student is entitled to a free education in this school district. **Every question must be answered, or the Affidavit will not be considered.**

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 RESIDENT

STATE OF NEW JERSEY )
COUNTY OF )

(Signature)

(Resident’s Name)

(Resident’s Name-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 ________________

A. 1. Name of Student’s parents:

   (Mother’s Last Name) (First Name)

   (Father’s Last Name) (First Name)

   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) __________________

2. Name of Legal Guardian, (if applicable):

(Last Name) __________________ (First Name) __________________

3. Address of Legal guardian:

(No. ) __________________ (Street) __________________

(Town) __________________ (State) __________________ (Zip Code) __________________

(Home Phone) __________________ (Work Phone) __________________ (Cell Phone) __________________

4. School and grade Student will attend:

__________________________________________________________

5. What school did Student last attend?

(Name of School) __________________ (Address) __________________

(City) __________________ (State) __________________ (Zip) __________________ (Phone No.) __________________

6. 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) __________________________

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

(Last Name) __________________________ (First Name) __________________________

Since when? __________________________

2. What is your relation 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 nor guardian is capable of caring for or providing support to the Student, and why the Student will be residing with you.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

5. Will the student be residing with you for the sole purpose of receiving a free public education in the district?
   
   Yes          No

E. 1. Does either parent or guardian 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 your home?
   
   (Provide specific date)

F. 1. Has any parent or guardian declared this Student as a dependent for Federal and State income tax purposes?
   
   Yes          No

   For what years?

2. Will any parent or guardian 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 neither parent nor guardian will 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 either their parent(s) or guardian during any part of the week?

   Yes   No

   If so, how many days per week?____________________

   2. Does this Student currently live with either their parent(s) or guardian during any part of the month?

       Yes   No

       If so, how many days per month?____________________

   3. Does this Student currently live with either their parent(s) or guardian during any part of the year?

       Yes   No

       If so, how many days per year?____________________

H.  1. During the school year, will this Student live with either their parent(s) or guardian 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 their parent(s) or guardian 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 their parent(s) or guardian during any part of the year?

       Yes   No

       If so, how many days per year?____________________

   5. Will this Student live with either their parent(s) or guardian 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 the name and address of the Agency.

________________________________________________________________________

________________________________________________________________________

IV. I/we 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(s) or guardian in connection with the support, 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 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.

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 ________________, ____________.

(Resident’s Signature)

__________________________________________
Notary Public

(Resident’s Signature)