

**REGISTRATION AFFIDAVIT FOR THE
JACKSON TOWNSHIP SCHOOL DISTRICT**

PLEASE PRINT

FOR: _____
(name of student)

**STATE OF NEW JERSEY
COUNTY OF OCEAN :SS**

_____ being duly sworn according to law, alleges and states:
(name of parent/guardian)

1. I am the parent or the legal guardian of the pupil named above.
2. The child named above resides with me at the following address located within the Jackson Township School District:

(The physical street address. Post Office boxes are not acceptable)

3. Attached to this Affidavit are copies of documentation to corroborate my statement of residency provided herein.
4. For all leases/rental agreements, the Jackson Township School District will be provided an updated agreement upon expiration.

initial
5. I am aware that if it is later determined that the child that I am registering for school is not eligible for a free public education in the Jackson Township School District, **I will be liable** to the Jackson Township Board of Education for tuition charges for this child, pursuant to law.

initial
6. **I AM ALSO AWARE THAT MAKING A FALSE AFFIDAVIT IS A THIRD DEGREE CRIME IN THE STATE OF NEW JERSEY AND IS PUNISHABLE BY A FINE OF UP TO \$7,500.00 OR A TERM OF IMPRISONMENT OF UP TO 5 YEARS, OR BOTH.**

initial
7. I understand that the District Attendance Officer has the right to visit the home to verify residency.

initial

Signed: _____
(signature of parent/guardian)

Sworn to and subscribed before me this

_____ day of _____, 20____

(signature & title of official administering oath)