



JACKSON TOWNSHIP SCHOOL DISTRICT

**Third Party Residency Form – PART A
Sworn Statement of Resident**

**Parental/Child Residency Notification
(Parent and Child Reside with a Jackson Resident)**

I, _____, _____, _____
Parent/Legal Guardian – (Please Print) Current Street Address City, State, Zip Code

Parent – Work Phone #

Parent – Cell Phone #

hereby verify that my child and I

Child’s Full Name – (Please Print)

Date of Birth

School

will be residing at the home of

_____, _____, _____
Homeowner/Resident – (Please Print) Street Address City, State, Zip Code

Homeowner – Home Phone #

Homeowner – Work Phone #

Homeowner – Cell Phone #

Proof of Residency Submitted (must provide one of the following):

Lease _____ Mortgage Information _____ Deed _____ Tax Bill _____

- I understand that I may be assessed the penalty of a pro-rated tuition if my child is enrolled in violation of the residency requirements.
- I understand 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.
- I understand that the District Attendance Officer has the right to visit the home to verify residency.

Signature of Parent/Guardian

Date

Signature of Homeowner (Resident)

Date

Sworn to and subscribed before me this	
_____ day of _____, 20__	
_____	_____
A Notary Public of the State of New Jersey	Commission expiration