

**HAWTHORNE BOARD OF EDUCATION**

445 Lafayette Avenue  
Hawthorne, New Jersey 07506  
Phone: 973-427-1300

**Residency Affidavit 3a  
Family Temporarily Living with a District Resident**

State of New Jersey            )  
  ) ss:  
County of Passaic                )

I/we, \_\_\_\_\_, of full age, being duly sworn according to law, on my/our oath depose and say:

1. I/We reside at \_\_\_\_\_  
in Borough of Hawthorne, County of Passaic, and State of New Jersey. This has been my/our place of residence since \_\_\_\_\_.
2. I/We do not own or rent the premises in which I/we reside. I/we and my/our child/children are residing in the premises with the approval of the owner/tenant (circle appropriate term).
3. I desire to register my child/children, \_\_\_\_\_ in the Hawthorne School District ("the District").
4. I/We shall retain all personal obligations of our child/children relative to school requirements and shall ensure that our child/children comply with all of the policies, rules and regulations of the District and the laws of the State of New Jersey.
5. I am aware that I have the obligation to notify Hawthorne Board of Education ("the Board") immediately if any of the above circumstances change.
6. This Affidavit is made in compliance with the provisions of N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Board to accept the child as a

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student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board's reliance upon the truthfulness and accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools.

Signature(s) of Parents

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

Sworn and subscribed to before me

this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_