

# Oakland Public Schools

315 Ramapo Valley Road  
Oakland, New Jersey 07436  
Phone: (201) 337-6156

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

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

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

1. I reside at \_\_\_\_\_. This has been my place of residence since \_\_\_\_\_.
2. I do not own or rent the premises identified above. Instead, my child and I are residing in the premises with the approval of the owner or tenant.
3. I desire to register a child by the name of \_\_\_\_\_ (“the Child”) in the District.
4. I retain all personal obligations for the Child relative to school requirements, and will ensure that the Child complies 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 an obligation to notify the District immediately, and *will* notify the District immediately, if any of the above circumstances change.
6. This Affidavit is submitted for the purpose of inducing the Board to accept the Child as a 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. If any of the statements contained in this Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing, and will remain subject to all other obligations and/or liabilities which I have assumed elsewhere in this Affidavit. Specifically, I am aware that I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of the Child in the District’s schools as well as any related costs and/or fees, including attorneys’ fees, incurred as a result of such ineligible attendance.

**Signature:** \_\_\_\_\_

Sworn and subscribed to before me  
this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_  
Notary Public of \_\_\_\_\_  
My Commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_