

NON-PARENT GUARDIANSHIP INFORMATION

****If you are a non-parent Guardian or Foster parent, you must check “Yes” and complete this form.****
All others must check “No”.

If you check **“Yes”**, please see and complete information below and complete the **“Non-Parent/Student Affidavit” form** in this Packet.

CHECK ONE

Yes No N/A

Student Name: _____

Guardian’s Name: _____

Guardian’s Relationship to Student: _____

Guardian’s Address: _____

Guardian’s Day Phone: (during school hours) _____

Guardian’s Home Phone: _____

Guardian’s Cell Phone: _____

Guardian’s Email address: _____

Guardian’s Employer: _____

Guardian’s Work Phone: _____

Colts Neck Township Schools

Superintendent of Schools
MaryJane Garlby, Ed.D



70 Curover Road, Colts Neck, NJ 07723
Phone: 732-946-0055
Fax: Board Office; 732-858-8583
www.coltsneckschools.org

Business Administrator/Board Secretary
Vincent S. Marasco

NON-PARENT/STUDENT AFFIDAVIT

STUDENT INFORMATION			
Last Name	First Name	Middle Name	
Date of Birth (mm/dd/yyyy)	Age	Home Phone Number	
Home Address (House Number and Street)		State	Zip Code

NON-PARENT GUARDIANSHIP INFORMATION			
Last Name	First Name	Relationship to Student	
Home Address (House Number and Street)		State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	

Does the student intend to remain at your address longer than the school term in which you will be supporting he/she without remuneration? _____

For what period of time will he or she be residing with you at the location above: _____

The student is living with me for the following reasons:

In the event that this guardianship agreement changes, I agree to contact the child's school immediately.

I declare that I have assumed guardianship and/or control of this child, and he/she is residing with me at the address noted above AND;

I declare the parent has relinquished custody and/or control over the child to me AND; I declare I am financially responsible for the child without remuneration AND;

I declare the information provided above is true and correct.

I have read and agree to the terms of Policy 5111 - ELIGIBILITY OF RESIDENT/NON-RESIDENT STUDENT

Non-Parent Signature: _____

Date: _____

PARENT INFORMATION			
Last Name	First Name	Relationship to Student	
Home Address (House Number and Street)		State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	

My child will not be living with me and will be residing with the Non-Parent (guardian) at the above address for the following reasons:

I declare that I am the parent of this child, and that I have relinquished guardianship and/or control over the child and am no longer supporting them.

My child is residing with the above-named person at the above address, and I declare that this person assumed guardianship and/or control over this child and is financially supporting them without remuneration.

I declare that the information provided above is true and correct. In the event that this guardianship agreement changes, I agree to contact my child's school.

I have read and agree to the terms of Policy 5111 - ELIGIBILITY OF RESIDENT/NON-RESIDENT STUDENT

Parent Signature:

Date:

Non-Parent Guardianship Signature:

Parent Signature:

Date:

Date:

Sworn and subscribed before me this

_____ day of _____ 20 _____

Signature of Resident

Address:

Phone:

Colts Neck Township Schools

Superintendent of Schools
MaryJane Carlbay, Ed.D.



70 Conover Road, Colts Neck, NJ 07722
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District Registrar
Susan Gill

CERTIFICATE OF DOMICILE -NON-GUARDIAN

(Complete Only if you are living with another family in the district)

STATE OF NEW JERSEY:

COUNTY OF MONMOUTH; ss

To the Colts Neck Township Board of Education

_____ of full age, being duly sworn by oath depose and say:

(Name of Colts Neck Resident)

1. I do hereby swear or affirm that _____ and _____
(Name of Parent/Guardian of Child) (Name of Child)
are now domiciled within the Township of Colts Neck at the following address:

It is anticipated that said child will be residing at this address until _____ (mm/dd/yyyy).

2. I am submitting this affidavit in order that the Colts Neck Township Board of Education may permit

_____ to attend school free of charge and as required by N.J.S.A 18A:38-1.
(Name of Child)

3. If it is determined that this child is not domiciled within the district as required by law, I will pay tuition of the said child during the time that the child attends school in the Colts Neck Township school system.

I certify that the foregoing statements made by me are true. I have read and understand this affidavit. Any false statements, answers or declarations contained in this affidavit may subject us for criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2, and upon conviction thereof, I may be punished by a fine of up to \$2,500, or be imprisoned for up to 18 months, or both.

(CANNOT BE NOTARIZED BY A PARENT or RELATIVE)

Signature of Resident

Sworn and subscribed before me this _____
day of _____ 20_____

Address: _____

Colts Neck Township Schools

Superintendent of Schools
Marylano Garibay, Ed.D.



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District Registrar
Susan Gill

SWORN STATEMENT OF TENANCY

*(Complete ONLY if you are Leasing or Renting)
(To be Completed by your Landlord)*

Name of Student: _____
(Last) (First)

School _____

I, _____, of full age, make this sworn statement:
(Circle one: Landlord or Apartment Manager)

I certify that _____
(Name of Parent/Guardian)

And their child/children (please list each child separately):

_____ (child's last name) _____ (child's first name)

_____ (child's last name) _____ (child's first name)

Reside at _____
(Building Number/Street dress)

_____ Apt. Number _____ City

Date Lease Begin: _____ Date Lease Ends: _____

_____ Signature of Landlord _____ Date

(CANNOT BE NOTARIZED BY A PARENT OR RELATIVE)

Apartment Official Seal Notary Public Seal

Notary Signature: _____

Date: _____