Saddle Brook Public Schools

355 Mayhill Street, Saddle Brook, NJ 07663
Phone: 201-843-1142
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Student Residency Declaration

Student Name: _____ Student Date of Birth (DOB): _____

In accordance with New Jersey State Law (N.J.S.A. 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.
Please check off only A or B that applies to your family's living situation.

A. ____ Permanent Residence (check only ONE below)

- ☐ We live in our own residence and have provided acceptable Proof of Residency, none of the transitional or homeless living situations below apply to our family.
- ☐ We share a residence on a permanent basis with family or friends, and have provided acceptable Proof of Residency.

B. ____Transitional or Homeless Situation: If you are in a transitional or homeless situation, please indicate one of the following. Be assured that this information is kept in the strictest of confidence. (check only ONE below)

- ☐ Hotel/motel
- ☐ Transitional housing/shelter
- ☐ Unsheltered/car
- ☐ Campground
- ☐ Migrant family dwelling
- ☐ Family/friend's home (temporary/transitional)

If you checked B, you must also complete the McKinney-Vento Form. Mr. William Osborne is our District McKinney-Vento Homeless Liaison.

Parent/Guardian Signature: _____

Date: _____