



South River Public Schools

15 Montgomery Street
South River, NJ 08882
(732) 613-4000
srivernj.org

PARENT/LEGAL GUARDIAN CERTIFICATION

To be completed by the child's parent/legal guardian when the child is residing with that parent/legal guardian in South River, per N.J.S.A. 18A:38-1(a) and N.J.A.C. 6A:22.3.1(a).

Date of Completion: _____ School Year of Enrollment: _____

Student #1 Information

Last Name: _____ First Name: _____ Middle Initial: _____

Age: _____ Date of Birth: _____ Anticipated Grade Level of Entry: _____

Student #2 Information

Last Name: _____ First Name: _____ Middle Initial: _____

Age: _____ Date of Birth: _____ Anticipated Grade Level of Entry: _____

Student #3 Information

Last Name: _____ First Name: _____ Middle Initial: _____

Age: _____ Date of Birth: _____ Anticipated Grade Level of Entry: _____

Student #4 Information

Last Name: _____ First Name: _____ Middle Initial: _____

Age: _____ Date of Birth: _____ Anticipated Grade Level of Entry: _____

Parent/Guardian Information

Full Name of Parent(s)/Guardian(s) _____

Relationship to Student _____
(parent/guardian/other)

Parent/Guardian Home Address _____

Home Telephone: _____ Cell Phone: _____

Native Language: _____

If English is not your native language, do you speak and understand English? Yes No

Domicile Information

You have resided at the above address since (month/year) _____

Do you have any present intention of moving from this home? Yes No

If yes, when (month/year) _____

Do you have any other residences? Yes No

If yes, addresses: _____

List the complete names and ages of all adults and minors living with you at this address:

_____, _____, _____
_____, _____, _____

Proof of Home in South River School District

Check appropriate box:

- I own this residence
- I rent this residence
- I do not own or rent this residence

If you own this residence: check and attach complete copies of

- Deed to property in your name
- Official property tax bill in your name, and/or
- Mortgage statements including your name and this address

If you are renting this residence: check and provide

- Complete copy of lease or
- Landlord Affidavit form from your landlord or
- Sublease Affidavit from responsible person other than landlord who is providing this home to you

If you do not own and do not rent this residence, check and provide:

- Homeowner Affidavit

Proof of Residence at Stated Address

You must also submit three (3) of the following types of proof of actual residency at the address listed above:

- | | |
|--|--|
| <input type="checkbox"/> Cell Phone Bill | <input type="checkbox"/> Gas Bill |
| <input type="checkbox"/> Driver's License / State Issued Identification | <input type="checkbox"/> Electric Bill |
| <input type="checkbox"/> Canceled Check | <input type="checkbox"/> Water Bill |
| <input type="checkbox"/> Cell Phone Bill | <input type="checkbox"/> Bank Statement |
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Medical Record |
| <input type="checkbox"/> Divorce Judgement / Property Settlement Agreement | <input type="checkbox"/> Military Record |
| <input type="checkbox"/> Other _____ | |

Divorced / Separated Parents

The child's other parent's full name: _____

Address of other parent: _____

This individual has resided at the above-listed address since _____

- You have custody of this child as follows:
- Joint Legal and Primary Residential Custody
 - Joint Legal and Secondary Residential Custody
 - Sole Legal and Residential Custody

If you share custody of the listed child or children, check and submit complete copies of:

- Judgment of Divorce or Property Settlement Agreement setting custody
- Current custody orders or agreements involving the child

