



Pequannock Township School District

538 Newark Pompton Turnpike
Pompton Plains, New Jersey 07444
Phone (973) 616-6040 • Fax (973) 616-6043
Twitter: @PantherTownNJ

Dr. Michael Portas, Superintendent of Schools

michael.portas@pequannock.org

AFFIDAVIT OF PARENT(S) & CHILD(REN) RESIDING WITH A DISTRICT RESIDENT

This is a **legal document** made in compliance with provisions of N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Pequannock Township Board of Education to permit the child(ren) to obtain a free education in the public schools of Pequannock Township School District.

All questions/information must be completed.

Name of parent(s)/guardian: _____

Name and age of child(ren): _____

Address: _____

Parent phone numbers: Mother: _____ Father: _____

Parent email: Mother: _____ Father: _____

My child(ren) and I reside with a district resident ____ TEMPORARILY or ____ PERMANENTLY

When did they move into the residence? _____ How long will they reside There? _____

Name of homeowner/district resident: _____

Phone number and email of district resident: _____

Does the district resident ____ own or ____ rent

Proof of residency for the district resident must be provided. If the district resident rents the residence, please provide a current lease or landlord form.

The circumstances that transpired causing me to live with the above named district resident are:

INITIAL EACH STATEMENT BELOW ATTESTING THAT YOU HAVE READ AND UNDERSTAND

_____ I (we) state that we are not residing with the above named resident of Pequannock Township solely for the purpose of receiving a free education in Pequannock Township School District.

_____ I (we) will notify Pequannock Township School District if I (we) move from this residence or any circumstances change.

_____ I (we) state that the information contained in this affidavit is true, accurate and complete. I am (we are) aware that if any information contained in this affidavit is willfully false, I am (we are) subject to criminal and/or civil penalties provided by the law. I (we) will be liable for the payment of tuition for the child retroactive for the period of ineligible attendance of the child(ren) in the district.

DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY.

Parent signature: _____

Date: _____

Parent signature: _____

Date: _____

Sworn to and subscribed before me

This _____ day of _____, 20_____

Notary Public signature

My commission expires: _____