



Pequannock Township School District

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Dr. Michael Portas, Superintendent of Schools

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AFFIDAVIT OF NON-RESIDENT PARENT(S) WHOSE CHILD(REN) LIVE WITH 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. I agree to provide documentation required by the Pequannock Township School District.

All questions/information must be completed.

Name of parent(s)/guardian: _____

Name and age of child(ren): _____

Parent(s) current address: _____

Parent(s) phone numbers: Mother: _____ Father: _____

Parent(s) email: Mother: _____ Father: _____

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

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

Name of district resident: _____

Address of 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 (economic/family hardship) that transpired causing the child(ren) to live with the above named district resident are:

Are there court documents showing a custody arrangement? ____ Yes ____ No

Must provide legal orders.

INITIAL EACH STATEMENT BELOW ATTESTING THAT YOU HAVE READ AND UNDERSTAND.

_____ I (we) state that the child(ren) are residing with the above named resident of Pequannock Township without any financial contribution from me or any other person and not solely for the purpose of receiving a free education in Pequannock Township School District.

_____ I (we) state that I am (we are) not supporting the child(ren), in any way in connection with the support, maintenance and education of the child(ren) listed above. The district resident is providing care as if the child(ren) was their own.

_____ The district resident intends to keep and support my child(ren) gratuitously for a longer period of time than the school year, as if the child(ren) were the district resident's own child(ren). The district resident assumes all personal obligations of my child(ren) relative to school requirements and compliance with school policies, rules and regulations.

_____ I (we) will notify Pequannock Township School District if 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: _____