



Pequannock Township School District

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Dr. Michael Portas, Superintendent of Schools

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RESIDENCY INFORMATION SHEET

All new students must complete this form

Student Name: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

Phone number(s): _____ Email: _____

Do the parent(s)/guardian(s) Own or Rent their residence? Other? _____

Is the student's legal parent(s)/guardian name(s) on the deed, mortgage or lease? Yes No

All persons living in the residence: _____

Please answer the following questions:

Is this student's home address a temporary living arrangement? Yes No

Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No

Does the student live with someone other than the parent(s) or legal guardian? Yes No

If you answered NO to the above questions, you may stop here and sign below

If you answered YES to the above questions, complete the remainder of this form.

- 1) Where is this student currently living? (check an option below)
- With more than one family in a house or apartment
 - In a hotel/motel—name of hotel/motel _____
 - In a shelter—name and location of shelter _____
 - Transitional housing—name and location of transitional housing _____
 - Moving from place to place or a location not designed for sleeping accommodations car, park, etc
 - Other (not listed above) _____

2) Move in date? _____ How long do you plan to live at this location? _____

- 3) With whom does the student currently live? Check and specify where applicable
- Both parents
 - One parent—Mother or Father _____ Which parent has legal custody? _____
 - A relative—What relationship (aunt/grandparent/etc) _____
 - Friends or other adults—Name and phone # _____
 - An adult who is not the parent or legal guardian
 - Name and phone # _____

My signature below affirms the information provided above is true and accurate to the best of my knowledge.

Both parent(s)/guardian(s) signatures _____

Date _____