

**LAWNSIDE SCHOOL DISTRICT
BOARD OF EDUCATION
426 Charleston Avenue
Lawnside, New Jersey 08045**

RONN H. JOHNSON, ED. D.
SUPERINTENDENT
856-546-4850
FAX: 856-310-0901
ronnjohnson@lawnside.k12.nj.us



JENNIFER JOHNSON
BUSINESS ADMINISTRATOR
856-547-2585
FAX: 856-310-0901
jjohnson@lawnside.k12.nj.us

DECLARATION OF RESIDENCY FORM for Homeless Students

This is to inform the Lawnside Board of Education that my child:

Name of Student: _____ DOB: _____ Grade: _____

and I, _____ (parent/Guardian) are temporarily residing at

the following address: _____
(street address, city, state & zip code)

We are living with _____ telephone: _____
(Name & Relationship)

My last address that I rented/owned was: _____
(street address, city, state & zip code)

The school district that my child attended while living at that address was:

_____ (City & State)

My child attended _____ School.

The causes of my becoming homeless are: _____

I request to register my child in the Lawnside School District.

I prefer for my child to attend school in the former school district

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Presenting a false record or falsifying records is an offense under section 37.10 of the Penal Code, and enrollment of the child under false documents is subject to liability for tuition or other costs. TEC Sec. 25.002(3) (d)