

Atlantic City Public Schools
1300 Atlantic Avenue
Atlantic City, NJ 08401
Phone: (609) 343-7200 Fax: (609) 343-1415

Residency Affidavit
Resident Providing Housing for Another Family

State of New Jersey)
) ss:
County of Atlantic)

I, _____, of full age, being duly sworn according to law, on my oath depose and say:

1. I am domiciled and reside at _____ in the City of Atlantic City, County of Atlantic and State of New Jersey. This has been my place of domicile and residence since _____.
2. I own/rent (circle one) the premises identified above. If the premises are rented, I have attached an original or certified copy of the lease or a sworn statement from the landlord (if there is no lease) ("Residency Affidavit 1"), together with four (4) additional forms of proof showing residence within the Atlantic City Public School District (hereinafter referred to as "the District"). If the premises are owned, I have attached an original or certified copy of the deed or contract of sale, together with four (4) additional forms of proof showing residence within the District.

Atlantic City Public Schools
1300 Atlantic Avenue
Atlantic City, NJ 08401
Phone: (609) 343-7200 Fax: (609) 343-1415

3. I hereby certify and declare, under penalty of law, that the following persons are in full-time residence in our home as an entire family, at no cost, for the period of _____ through _____. (This Affidavit is valid only through the current school year.)

Name	Relationship	(Grade if Applicable)
Name	Relationship	(Grade if Applicable)
Name	Relationship	(Grade if Applicable)
Name	Relationship	(Grade if Applicable)

4. _____ (hereinafter referred to as the "parent(s)") and his/her/their child/children (hereinafter referred to as the "child/children") are residing temporarily with me in my home.

5. The parent(s) shall retain all personal obligations of the child/children relative to school requirements and shall ensure that the child/children complies with all of the policies, rules and regulations of the District and the laws of the State of New Jersey.

6. I am aware that I have the obligation to notify the Atlantic City Board of Education (hereinafter referred to as "the Board") immediately if any of the above circumstances change.

7. This Affidavit is made in compliance with the provisions of N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Board to accept the child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board's reliance upon the truthfulness and accuracy of this information.

Atlantic City Public Schools
1300 Atlantic Avenue
Atlantic City, NJ 08401
Phone: (609) 343-7200 Fax: (609) 343-1415

I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools as well as any related costs and/or fees, including attorney's fees, incurred as a result of such ineligible attendance.

Signature(s) of Owner(s)/Renter(s)

Telephone Number

**Signature(s) of Non- Resident
Parent(s)**

Telephone Number

Sworn and subscribed to before me

This__ day of_____, 20____

Notary Public

My Commission Expires: _____