

# BRICK TOWNSHIP PUBLIC SCHOOLS

## Residency/Guardianship Affidavit

The Brick Township School District conducts a thorough review of all “affidavit students” to insure that all students attending the District’s schools are the legal responsibility of the District. An “affidavit student” is a student who is living in the home of a person who resides in the District and who agrees to support the student without charge, as if the student were that person’s own child.

NJ 18A:38-1 provides Boards of Education with the authority to demand sworn statements from any non-parent stating that:

- A. He/She is supporting the child without charge
- B. He/She is assuming all personal obligations pertaining to the child’s school requirements.
- C. He/She intends to support the child for the full 12 months of the year.

In addition, the non-parent is required to provide the District with proof of their residency in the form of a tax bill, lease or mortgage information (no dollar amounts need be submitted).

The legal parent/guardian of the child must also submit a notarized letter indicating that they have given their permission for the student to reside with the non-parent.

**NOTE:**

- **The non-parent may be assessed the penalty of a pro-rated tuition if the child is enrolled in violation of the residency requirements.**
- **Criminal charges may also be filed if it is proven that a fraudulent claim of primary financial support has taken place. The individual would be deemed a disorderly person and could be punished by up to six (6) months imprisonment and/or a fine of up to a \$1000.00.**

Having read and understood the legal requirements described above, I

\_\_\_\_\_

NAME (PLEASE PRINT)	STREET ADDRESS	CITY, STATE, ZIP CODE
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attest to the above address as my legal residence and I accept full responsibility for the claim that

\_\_\_\_\_ shall be domiciled in my home from this  
(Student Name) (Current School)

date forward at this address and shall remain my full responsibility without charge or support from his/her natural parents for a period of 12 months per year.

- **My signature also verifies the knowledge that by my support, the named child cannot be claimed by his/her natural parents as a deduction for Federal Income Tax purposes, and that this information may be provided to the appropriate agencies to enforce these requirements.**
- **I herewith agree to have the District Attendance Officer visit my home in order to validate residency of the student.**

Sworn and subscribed to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 Name of Official  
 \_\_\_\_\_  
 Title of Official

\_\_\_\_\_  
 Signature of Guardian

\_\_\_\_\_  
 Date

Copies: District Attendance Officer – School

C-1

**BRICK TOWNSHIP PUBLIC SCHOOLS**  
**Parental Permission for Change of Residency/Guardianship**  
 (Child Residing With Someone Other Than Parent/Legal Guardian)  
 (To Be Filled Out By Parent)

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Parent/Legal Guardian - Please Print) Street Address City, State, Zip Code

hereby give Residency Guardianship of my child

\_\_\_\_\_ to  
 (Child's Full Name – Please Print) Date of Birth

to \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Named Guardian "A"- Please Print) Street Address City, State, Zip Code

- I understand that the above-named person "A" will be supporting my child without charge
- I understand that the above-named person "A" will assume all personal obligations pertaining to the child's school requirements.
- I understand that the above-named person "A" will support my child for the full 12 months per year.
- I understand that I may be assessed the penalty of a pro-rated tuition if my child is enrolled in violation of the residency requirements.
- I understand that criminal charges may be filed if it is proven that a fraudulent claim of primary financial support has taken place (punishable by up to 6 months imprisonment and/or \$1000 fine).
- My signature verifies my knowledge that the named child cannot be claimed as a deduction on my Federal Income Tax for the time period involved.
- My signature verifies my acknowledgement that this information may be provided to the appropriate agencies in order to enforce these requirements.
- My signature verifies that I have read and understand the Residency/Guardianship Affidavit which was filled out by "A".

Sworn and subscribed to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Homeowner (Resident)

\_\_\_\_\_  
 Name of Official

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title of Official

**SCHOOL** \_\_\_\_\_