



**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** \_\_\_\_\_