



DEPTFORD TOWNSHIP PUBLIC SCHOOLS

Registration Form

SECTION C

(TEMPORARY RESIDENT)

You have left your previous residence due to choice

If the student is living with a parent or guardian temporarily residing within the district, even if the parent has a domicile (residency) elsewhere.

Student's Name: _____ How long have you lived in this residence?

_____ Do you have a domicile or residence(s) elsewhere? YES NO. If yes, where are they and when do you live

there? _____

COMPLETE AFFIDAVIT C1, C2 AND C3 "Determination of Homelessness" (attached)

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears the mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of the multi-unit dwelling.

If the student's parents are residing in different districts, regardless of which parent has custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance? **YOU WILL BE ASKED TO PROVIDE A COPY OF THIS DOCUMENT.** YES NO

If yes, where does it require the student to attend school? _____

Does the student reside with one parent for the entire year? YES NO If yes, with which parent? _____

If yes, at what address? _____

If no, for what portion of time does the student reside with each a parent?

Mother/Guardian: _____

Father/Guardian: _____

Address: _____

Address: _____

How Long? _____

How Long? _____

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16th preceding the date of this application? _____

Please note: No district is required, as a result of being the district of temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.

Print Name

Signature

Date

Signature indicates that Deptford Township School District has the right to verify residency. By signing this document, the signer affirms all questions have been truthfully answered, and no information has been withheld that might affect the application or the residency requirement. Failure to respond truthfully can result in fines, transfer of student to domicile school and/or other penalties as required by law.

Sec. C 4/2012

DEPTFORD TOWNSHIP PUBLIC SCHOOLS

Affidavit of Residency

Owner/Landlord Statement – Registration

SECTION C-1

Name of Student: _____ Date: _____

Student's Date of Birth: _____ Age: _____

Student's Previous Address: _____

Student's Previous School: _____ Grade: _____
School Name/Address/City/State

I, _____, _____ Own/ Rent (circle one) the property at _____
Owner/Renter's Name

_____ New Jersey. I further swear that _____
Address Student

and _____ reside with me on a full time basis, also maintaining a permanent residence at
Parent(s)/Guardian(s) Name(s)

this time. I have initialed here _____ to acknowledge that I have received a copy of N.J.S.A. 18A:38-1. As per this statute, I have provided the Deptford School District with 4 proofs of residence and hereby request that _____ (student) be enrolled in this system of public education.

Please list **4 forms of proof** (see Preliminary Information page attached) you provided to demonstrate that you are residing at the address given on page 1 of this application, and that such residence is not solely for the purpose of the student attending school in the district.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

I will notify a school official immediately when this student no longer resides at this address on a full-time basis. I have read or had read to me, this Affidavit or Residency that I have completed, and it is true and correct. I understand that I can be held legally responsible for any violation of N.J.S.A. 18A:38-1C as a Disorderly Person for fraudulently allowing the use of my residence for the purpose of receiving a free public education in this district. I also understand that I will be charged tuition for the number of days attended under a fraudulent affidavit.

X _____
Owner/Renter's Printed Name Signature

X _____
Owner/Renter's Printed Name Signature

Signature indicates that Deptford Township School District has the right to verify residency. By signing this document, the signer affirms all questions have been truthfully answered, and no information has been withheld that might affect the application or the residency requirement. Failure to respond truthfully can result in fines, transfer of student to domicile school and/or other penalties as required by law.

Home Phone #: _____ Work Phone #: _____

Sworn to and subscribed to me on this _____ day of _____, 20_____

Notary Public

School: _____ Grade: _____ Date: _____

Consideration for Homeless _____

DEPTFORD TOWNSHIP PUBLIC SCHOOLS

Affidavit of Residency

Parent/Guardian Statement

SECTION C-2

Name of Student: _____ Date: _____

Student's Date of Birth: _____ Age: _____

Student's Previous Address: _____

Student's Previous School: _____ Grade: _____
School Name/Address/City/State

Your Name: _____ Relationship to Student _____

Your Previous Address: _____ City _____ St: _____ Zip _____

I, _____ will be residing at _____ N J,

on a permanent basis with the above mentioned student, for whom/I/we am/are the legal parent(s) of guardian(s).

Reason: _____

Please list **4 forms of proof** (see Preliminary Information page attached) you provided to demonstrate that you are residing at the address given on page 1 of this application, and that such residence is not solely for the purpose of the student attending school in the district.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

I have initialed here _____ to acknowledge receiving a copy of N.J.S.A. 18A:38-1.

I will notify a school official immediately when this student no longer resides at this address on a full-time basis. I have read or had read to me, this Affidavit or Residency that I have completed, and it is true and correct. **I understand that I can be held legally responsible for my involvement in any violations of N.J.S.A. 18A:38-1 for fraudulently completing/notarized statements which I have signed or for Disorderly Person for fraudulently allowing the use of my residence for the purpose of receiving a free public education in this district. I also understand that I will be charged tuition for the number of days attended under a fraudulent affidavit.**

X _____
Printed Name _____ Signature _____

X _____
Printed Name _____ Signature _____

Home Phone# _____ Work Phone# _____

Signature indicates that Deptford Township School District has the right to verify residency. By signing this document, the signer affirms all questions have been truthfully answered, and no information has been withheld that might affect the application or the residency requirement. Failure to respond truthfully can result in fines, transfer of student to domicile school and/or other penalties as required by law.

Sworn to and subscribed to me on this _____ day of _____, 20_____

Notary Public

School: _____ Grade: _____ Date: _____

**DEPTFORD TOWNSHIP PUBLIC SCHOOL DISTRICT
DETERMINATION OF HOMELESS STATUS**

NAME OF STUDENT: _____ DATE: _____

ADDRESS: _____

AGE: _____

SCHOOL: _____

NAME(S), AGE(S) AND SCHOOL(S) ATTENDED BY SIBLINGS:

Name	Age	School
------	-----	--------

Name	Age	School
------	-----	--------

Phone #: Home: _____ Office: _____

Cell: _____ E-Mail: _____

What are the current living accommodations? _____

Are these accommodations temporary? YES NO UNSURE

Are these accommodations necessary as there are no other financial options for regular housing? YES NO

Are you receiving social service assistance to support your residency? YES NO

If the family answered yes to any of the two previous questions, is the family homeless? YES NO

If waiting for a house to be built, where is it and when will it be ready? _____

What was your last address where the child(ren) attended school?

Address

City/State

What were the living accommodations at that time? _____

Was the family considered homeless at that time? _____

Prior to the address listed above, did the family live at other addresses where the child(ren) attended school? If the family was considered homeless in any of these places, please place a check next to that address.

Address	City/State	Homeless

Would you prefer your child(ren) to attend school in Deptford Township or the last district of residence?

_____ Deptford _____ Last district of residence (Name of district: _____)

Are there plans for a change of accommodations? _____

I certify that the above information is true to the best of my knowledge.

I have been made aware of the rights and services available under the McKinny-Vento Act.

Signature of Parent/Guardian

Witnessed By:

Signature

Title

Date

Created: 10/08

Revised: 10/12