

TOWNSHIP OF UNION PUBLIC SCHOOLS
2369 Morris Avenue, Union, New Jersey 07083 Tel: 908.851.6400

D. What school did Student(s) last attend?

(Name of School) (Address)

(City) (State) (Zip) (Phone No.)

Date of last attendance: _____

E. Address at which this Student(s) is now living:

(No.) (Street)

(Town) (State) (Zip Code)

Telephone Number: _____

F. Last prior address of Student(s):

(No.) (Street)

(Town) (State) (Zip Code)

G. With whom does this Student(s) now live?

(Last Name) (First Name)

Since when? _____

H. What relation are you to this student? _____

J. Set forth in full and complete detail why neither parent/guardian is capable of caring for or providing support of the Student(s), and why the Student(s) will be residing with you.

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IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

K. Name of Student's Parents:

(Mother's Last Name) (First Name)

Mother's Address:

(No.) (Street)

(Town) (State) (Zip Code)

(Home Phone) (Work Phone) (Cell Phone)

(Father's Last Name) (First Name)

Father's Address:

(No.) (Street)

(Town) (State) (Zip Code)

(Home Phone) (Work Phone) (Cell Phone)

L. Name of Legal Guardian, if applicable:

(Last Name) (First Name)

Address of Legal Guardian:

(No.) (Street)

(Town) (State) (Zip Code)

(Home Phone) (Work Phone) (Cell Phone)

Are you the legal guardian? **YES** **NO**

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If not, have you applied to Court? **YES** **NO**

When? _____ (Provide Proof)

IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

M. The student **will / will not** be residing with me for the sole purpose of receiving a free public education in the district.

N. Do the parent(s)/guardian(s) currently pay any of the costs of maintaining this Student(s)?

YES **NO**

If so, how much? \$ _____ per week
 \$ _____ per month
 \$ _____ per year

For what purpose? _____

When do you expect the Student(s) to move out of your home?

(Provide specific date)

O. Have you declared this Student(s) as a dependent for Federal and State Income Tax purposes? **Yes** **No**

For what years? _____

Will you declare this Student(s) as a dependent for Federal and State Income Tax purposes during the time the Student(s) resides with you? **Yes** **No**

If you will not declare the Student(s) as a dependent for Federal and State Income Tax purposes during the time the Student(s) resides with you, who will claim the Student? _____

P. Does this Student(s) currently live with their parent(s)/guardian(s) any part of the week?

Yes **No** If so, how many days per week? _____

Does this Student(s) currently live with their parent(s)/guardian(s) any part of the month?

Yes **No** If so, how many days per month? _____

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Does this Student(s) currently live with their parent(s)/guardian(s) any part of the year?

Yes **No** If so, how many days per year? _____

Q. During the school year, will this Student(s) live with their parent(s)/guardian(s) any part of the week? **YES** **NO** If so, how many days per week? _____

During the school year, will this Student(s) live with their parent(s)/guardian(s) any part of the month? **YES** **NO** If so, how many days per month? _____

During the school year, will this Student(s) live with their parent(s)/guardian(s) any part of the year? **YES** **NO** If so, how many days per year? _____

Will this Student live with their parent(s)/guardian(s) during the summer? **YES** **NO**

R. Is this Student(s) a state ward? **YES** **NO**

S. State the name and address of anyone who provides any part of the Student(s) support and state the amount of such support.

T. Are this Student's expenses paid fully or in part by any charitable agency? **YES** **NO**

If so, give Name and Address of Agency

U. I/We assume all personal and financial obligations for the Student(s) with respect to school requirements, and will receive no contribution or payment of any kind from the Parent(s)/Guardians(s) in connection with the support or maintenance or education of the Student(s).

V. I/We /are making this affidavit pursuant to N.J.S.A. 18A:38-1(b), to induce the Union Township Board of Education to accept said Student in the public schools of the District free of charge.

W. I/We understand that the Board of Education reserves the right to make periodic checks as to our continuing support for the Student(s) named above and their residence in our home.

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In addition the Board of Education reserves the right to require additional documentation to verify the residency and dependency of the Student(s) named above. I/We agree to cooperate with any investigation by the Board of Education the facts set forth in this affidavit.

- X. The information provided in this Affidavit is accurate and complete. I/We, fully understand that I/We may be held responsible for payment of tuition in the amount of \$15,461.00 annually if the claim for school admission, free of charge, is rejected by the Commissioner of Education.

- Y. I understand that if any of the information provided above changes, for any reason, it is my responsibility to immediately notify the Superintendent of Schools of the Township of Union School District.

- Z. The above statements and attachments are true and complete. I/we know that if they are false, I/we am subject to punishment, including personal liability for the payment of tuition for the entire school year, or any portion thereof.

(Resident's Signature)

(Resident's Signature)

Sworn to and subscribed before me
this ___ day of _____, 20__.

Notary Signature