MORRIS HILLS REGIONAL DISTRICT - BOARD OF EDUCATION

48 Knoll Drive, Rockaway, NJ 07866 Long Affidavit (Parent)

THIS IS A LEGAL DOCUMENT. THE MORRIS HILLS REGIONAL DISTRICT WILL USE THE INFORMATION YOU PROVIDE TO DETERMINE WHETHER THE STUDENT IS ENTITLED TO A FREE EDUCATION IN THIS SCHOOL DISTRICT.

EVERY QUESTION MUST BE ANSWERED, OR THE AFFIDAVIT WILL NOT BE CONSIDERED.

IF THE INFORMATION PROVIDED IS FALSE, THE BOARD OF EDUCATION MAY SEEK TO RECOVER FROM YOU THE COST OF THE STUDENT'S EDUCATION, INCLUDING, BUT NOT LIMITED TO, TUITION IN ACCORDANCE WITH N.J.S.A 18A-38-1. IN ADDITION, THE BOARD OF EDUCATION MAY FILE, IN THE APPROPRIATE COURT, A DISORDERLY PERSON'S CHARGE AGAINST YOU FOR ANY WILLFUL MISSTATEMENT.

IVI 1 3 3 1 F.	ALEMENI.						
Studer	nt Name:			_			
	PLEASE PRINT CLE	ARLY					
School	l and Grade Student d	lesires to attend:	Morris Knolls	Morris Hills	09 10 11 12		
		<u> </u>	AFFIDAVIT OF PARENT	/GUARDIAN			
STATE	OF NEW JERSEY)					
)ss.					
COUN	TY OF MORRIS)					
			, of full	age, being sworn upon	his/her/their oath according to law		
Parent's	Name				Č		
depose	es and says:						
1.	The following inform	nation is presented	l to the Board of Educat	ion in support of my re	quest for admission of:		
	Student's Name			Date	e of Birth / /		
					(
2.	I am the Parent	Guardian of the	Student named above.				
3.	I am not domiciled:	within the Marris I	Hille Regional Dietrict h	ut recide at.			
3.	I am not domiciled within the Morris Hills Regional District but reside at:						
	Street Address		City				
	State Zip		Home/Cell Teleph	one Work	Telephone		
4.	What school did Stu	ıdent last attend?					
	School Name						
	Address / City / State / Zip						
	Date of last attenda	nce: / /					
_	I am not capable of supporting or providing care for the Student due to family and/or economic hardship, because (<i>l</i>						
5.	specific):						
	epoogles)						

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	Last Name	First Name	
	Street Address	City	
	State Zip	Home/Cell Telephone	 Work Telephone
	Relationship to Student:		
·.	The Student has resided with the I	Person named above since:	
3.	The Student does not live with me	at any time:	
	If the Student does live with you, state	when the Student lives with you (be specific)	:
).	The Student is not residing with the Morris Hills Regional District.	he Person named above solely for the pu	rpose of receiving free public education in the
о.		whom the Student is residing for any of ting paid: \$ per \textbf{\backlet} Week \textbf{\backlet}	he costs of maintaining the Student. Month Year Other (be specific):
0.	If you are paying, state the amount bei		Month Year Other (be specific):
	If you are paying, state the amount being I am paying for the purpose of (be specified). I am not making any payment insurance/expenses, recreation, o	ing paid: \$ per \ Week \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Month Year Other (be specific): money or lodging, food, clothing, medical the Person with whom the Student is residing in
	If you are paying, state the amount being I am paying for the purpose of (be specified). I am not making any payment insurance/expenses, recreation, of connection with the support, main	ents or contributions, whether in or any other thing or service of value, to entenance, and education of the Student	Month Year Other (be specific): money or lodging, food, clothing, medical the Person with whom the Student is residing in

13. I understand that if any of the information provided above is changed for any reason, it is my responsibility to

14. I understand that the Board of Education reserves the right to make periodic checks as to the continuing support for the Student named above and their residence in the home of the Person named above. In addition, the Board of Education

immediately notify the Chief School Administrator of the Morris Hills Regional District.

reserves the right to require additional documentation to verify the residency and dependency of the Student named above. I agree to cooperate with any investigation by the Board of the facts set forth in this affidavit.

Rev. 02/28/2024 P/G-2

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Parent/Guardian's Signature	Parent/Guardian's Signature						
Turent, Guardian S Signature							
Sworn to and subscribed before me this	day of						
Notary Public Name		Notary Public Signature					

		TIVE OFFICE USE					
Student Name:		_ is approved for admission toMorris KnollsMorris Hills					
		//					
Gail M. Libby, Secretary - Board of Education							
Attachment Checklist:							
☐ Copy of Lease							
☐ IRS 1040							

of