MORRIS HILLS REGIONAL DISTRICT - BOARD OF EDUCATION

48 Knoll Drive, Rockaway, NJ 07866

Long Affidavit (Resident)

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 FILE, IN THE APPROPRIATE COURT, A DISORDERLY PERSON'S CHARGE AGAINST YOU FOR ANY WILLFUL MISSTATEMENT.

Studer	nt Name:							
	PLEASE PRINT CLE	ARLY		_				
School	and Grade Student d	esires to attend:	Morris Knolls	Morris Hills	09 10 11 12			
			AFFIDAVIT OF RE	<u>SIDENT</u>				
STATE	OF NEW JERSEY)						
0 1111 2	011(21))21(021)ss.						
COUN	TY OF MORRIS)						
			C C 11	1 .	1. (1. (1.) . 1.) . 1			
Parent's l			, of full	age, being sworn upon	his/her/their oath according to law,			
	es and says:							
•	·			.				
1.	The following inform	nation is presented	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 domiciled with	in the Morris Hills	Regional District and r	eside at:				
	Street Address		City					
	State Zip		Home/Cell Teleph	one Work	Telephone			
3.	The Student is resid	ing with me becaus	se (be specific):					
	·							
		. 1 1 . 1 .						
4.	The Student has res	ided with me since	:					
5.	The Student resides	with me at all time	s:					
	If the Student does not live with you at any time, state when the Student does not live with you and where the Student resides during that							
			ime, state when the Stude		na where the Student restaes during that			
	time (be specific):							

6. The Student is **not** residing with me solely for the purpose of receiving free public education in the Morris Hills Regional District.

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7. I am supporting the Student without remuneration.

8. I am not being paid for any of the costs of maintaining the Student.

If you are paying, state the amount being paid: \$	_per	Week	Month	Year	Other (be specific):
I am paying for the purpose of (be specific):					

9. I am not receiving any payments or contributions, whether in money or in lodging, food, clothing, medical insurance/expenses, recreation, or any other thing or service of value, from the Parent(s)/Guardian(s) in connection with the support, maintenance, and education of the Student.

If you are receiving any payment or contribution, state the amount and/or nature of the payment or contribution (be specific):

10. I am assuming all personal obligations for the Student pertaining to school requirements.

- **11.** I intend to support the Student for a time longer than the school year.
- **12.** I am making this Affidavit pursuant to <u>N.J.SA.</u> 18A:38-1(b) to induce the Morris Hills Regional District to accept the Student named above in the public schools of the District free of charge.
- **13.** I understand that if any of the information provided above is changed for any reason, it is my responsibility to immediately notify the Chief School Administrator of the Morris Hills Regional District.
- 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 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.
- **15.** I understand that if the information I have provided is false, the Board of Education may file, in the appropriate court, a disorderly person's charge against me for any willful misstatement.

Sworn to and subscribed before me this	day of	2024	
sworn to and subscribed before me this	uay of	, 2024.	
Notary Public Name		Notary Public Signature	

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FOR ADMINISTRATIVE OFFICE USE

____/ ____/ _____

Gail M. Libby, Secretary - Board of Education

Attachment Checklist:

- Copy of Lease
- 🗌 IRS 1040
- □ Proof of Guardianship or Application