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 <u>full 12 months per year</u>.
- 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

_____
Signature of Parent/Legal Guardian

_____ day of _____ 20_____

_____
Date

_____
Signature of Homeowner (Resident)

_____
Name of Official

_____
Date

_____
Title of Official

SCHOOL _____

BRICK TOWNSHIP PUBLIC SCHOOLS
Residency/Guardianship Affidavit

The Brick Township School District conducts a thorough review of all "affidavit students" to insure that all students attending the District's schools are the legal responsibility of the District. An "affidavit student" is a student who is living in the home of a person who resides in the District and who agrees to support the student without charge, as if the student were that person's own child.

NJ 18A:38-1 provides Boards of Education with the authority to demand sworn statements from any non-parent stating that:

    A. He/She is supporting the child without charge
    B. He/She is assuming all personal obligations pertaining to the child's school requirements.
    C. He/She intends to support the child for the _full 12 months of the year_.

In addition, the non-parent is required to provide the District with proof of their residency in the form of a tax bill, lease or mortgage information (no dollar amounts need be submitted).

The legal parent/guardian of the child must also submit a notarized letter indicating that they have given their permission for the student to reside with the non-parent.

NOTE:
- The non-parent may be assessed the penalty of a pro-rated tuition if the child is enrolled in violation of the residency requirements.
- Criminal charges may also be filed if it is proven that a fraudulent claim of primary financial support has taken place. The individual would be deemed a disorderly person and could be punished by up to six (6) months imprisonment and/or a fine of up to a $1000.00.

Having read and understood the legal requirements described above, I

_____   _____   _____

      NAME (PLEASE PRINT)   STREET ADDRESS   CITY, STATE, ZIP CODE

attest to the above address as my legal residence and I accept full responsibility for the claim that

_____   _____ shall be domiciled in my home from this
       (Student Name)   (Current School)

date forward at this address and shall remain my full responsibility without charge or support from his/her natural parents for a period of _12 months per year_.

- My signature also verifies the knowledge that by my support, the named child cannot be claimed by his/her natural parents as a deduction for Federal Income Tax purposes, and that this information may be provided to the appropriate agencies to enforce these requirements.
- I herewith agree to have the District Attendance Officer visit my home in order to validate residency of the student.

Sworn and subscribed to before me this

_____ day of _____ 20_____

                                          _____
                                             Signature of Guardian

_____
      Name of Official

                                          _____
_____   Date
      Title of Official   Copies: District Attendance Officer – School   C-1