

BRICK TOWNSHIP PUBLIC SCHOOLS

Parental/Child Residency Notification

(Parent & Child Reside with a Brick Resident)

I, _____
(Parent/Legal Guardian - Please Print)

Current Street Address

City, State, Zip Code

(Parent - Work Telephone)

(Parent - Cell Phone)

hereby verify that my child and I

(Child's Full Name - Please Print)

Date of Birth

School

will be residing at the home of

(Homeowner/Resident) - Please Print

Street Address

City, State, Zip Code

(Homeowner - Home Telephone)

(Homeowner - Work Telephone)

Homeowner (Cell Phone)

Proof of Residency Submitted

(Tax Bill - Lease - Mortgage Information)

Date

- 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).
- I understand that the District Attendance Officer has the right to visit the home to verify residency.

Sworn and subscribed to before me this

_____ day of _____ 20_____

Signature of Parent/Legal Guardian

Date

Signature of Homeowner (Resident)

Name of Official

Date

Title of Official

Form B-1 (White)

Date: March 24, 2009