



Galloway Township Public Schools

101 South Reeds Road

Galloway, NJ 08205

(609) 748-1250

<http://www.gtps.k12.nj.us>

RESIDENCY AFFIDAVIT

Re: _____
(Name of Student)

To Whom It May Concern:

_____ and _____
(Parents name) (Student(s) name)

reside at my home at _____
(Address)

I do not lease to them, therefore there is not a rental agreement.

My mailing address is _____

This verification is provided to assure the reader of this document that the student(s) does live in the above mentioned Galloway Township address which I own but do not reside in at this time. This verification is not provided just for the purpose of attending school.

This statement is made to induce the Board of Education to accept said child as a pupil in the Galloway Township School District, Atlantic County, New Jersey. In the event that the permanent residence of said child (children) and parent is changed, I will immediately notify the Board of the fact.

I UNDERSTAND THAT IF ANY OF THE STATEMENTS MADE BY ME ARE FALSE THAT I MAY BE HELD LIABLE IN A CIVIL SUIT FOR THE PAYMENT OF TUITION TO THE BOARD. I UNDERSTAND THAT THE COST OF SUCH TUITION DURING THIS SCHOOL YEAR WILL BE _____ PER CHILD. I ALSO UNDERSTAND THAT IF ANY OF THE STATEMENTS MADE BY ME ARE FALSE, THAT I AM SUBJECT TO BE CRIMINALLY PROSECUTED FOR ASSISTING IN THE OBTAINING OF FREE PUBLIC SERVICES BY FRAUD.

(Print Name)

The notarized signature must be that of the homeowner or tenant.

Sworn and Subscribed to before me

(Signature)

This ____ day of _____ .20__

(Signature)