

**Atlantic City Public Schools**  
**1300 Atlantic Ave**  
**Atlantic City, NJ 08401**  
**Phone: (609) 343-7200 Fax: (609) 343-1415**

**Residency Affidavit**  
**Affidavit Pupils (Non-Parent Resident)**

State of New Jersey     )  
                                                            ) ss:  
 County of Atlantic         )

I, \_\_\_\_\_, of full age, being duly sworn according to law, on my oath depose and say:

1. I am domiciled and reside at \_\_\_\_\_ in the City of Atlantic City, County of Atlantic and State of New Jersey. This has been my place of domicile and residence since \_\_\_\_\_.
2. I own/rent (circle one) the premises identified above. If the premises are rented, I have attached an original or certified copy of the lease or a sworn statement from the landlord (if there is no lease) ("Residency Affidavit 1"), together with four (4) additional forms of proof showing residence within the Atlantic City Public School District (hereinafter referred to as "the District"). If the premises are owned, I have attached an original or certified copy of the deed or contract of sale, together with four (4) additional forms of proof showing residence within the District.
3. I desire to register a child by the name of \_\_\_\_\_ (hereinafter referred to as "the child") in the District.

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4. The child's parents are not capable of supporting or providing care for the child due to the following family or economic hardship (circle one or both): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Furthermore, the child is not residing with me solely for the purpose of receiving a free public education in the District.

5. The child is living with me in my home at the address listed in Paragraph 1 above and is being supported by me, without any financial contribution from his/her parent(s) or anyone else, as if he/she was my own child.
6. No other person is making any financial contribution for food, clothing or lodging on behalf of the child.
7. I intend to keep and support the child gratuitously for a longer time than merely through the school year.
8. I agree to submit additional documentation which the District may request in order to support the validity of the statements I have made herein.
9. I shall assume all personal obligations for the child relative to school requirements, and I shall also ensure that the child complies with all of the policies, rules and regulations of the District and the laws of the State of New Jersey. In addition, I also assume joint and several liabilities, along with the child's parent (s)/ guardian (s), for any tuition assessed if the child is determined to have been ineligible for tuition-free enrollment in

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the District during any period of tuition-free enrollment that was allowed by the Atlantic City Board of Education (hereinafter referred to "the Board") either partially or entirely based upon this Affidavit as well as any related costs and/or fees, including attorney's fees, incurred as a result of such ineligible attendance.

10. I shall immediately notify the Board if any of the above conditions change.
11. This Affidavit is made in compliance with N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Board to accept the child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board's reliance upon the truthfulness and accuracy of this information.
12. If any of the statements contained in this Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing, and will remain subject to all other obligations and /or liabilities which I have assumed elsewhere in this Affidavit.

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13. Furthermore, I understand that if I fraudulently allow the child to use my residence and I am not the primary financial supporter of the child, I may be found guilty of a disorderly person's offense under N.J.S.A.18A:38-1(c).

**Signature(s) of**  
**Resident(s)**  
**Supporting Child**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

**Signature of Parents**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

Sworn and subscribed to before me  
 this \_\_\_ day of \_\_\_\_\_, 20\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_