

Affidavit of Guardianship

For Students Residing with Someone Other than the Legal Parent/Guardian

LUMBERTON TOWNSHIP SCHOOL DISTRICT

33 Municipal Drive
Lumberton, NJ 08048
Phone (609) 267-1406

In accordance with N.J.S.A. 18A:38-1(b)

PART TWO – For completion by the Parent or Legal Guardian

I _____, of full-age duly sworn upon (his/her) oath, depose and say:
Parent/Guardian

1. State the name, birth date and grade of the child for which you are voluntarily surrendering custody:

2. State your relationship to the aforementioned child: _____

3. State the name of the person with whom the aforementioned child is currently residing:

4. State the address where the aforementioned child is currently residing: _____

5. State in specific detail why the aforementioned child is NOT living with his/her parent(s) or legal guardian(s): _____

6. The child's father is _____; who resides at _____
Name of Father Address (last known)

Work Phone: (____)____-____ _____
City, State, Zip (last known)

Home Phone: (____)____-____

7. The child's mother is _____; who resides at _____
Name of Mother Address (last known)

Work Phone: (____)____-____ _____
City, State, Zip (last known)

Home Phone: (____)____-____

8. List marital status (married, divorced, never married, separated, widowed) of the parents of the aforementioned child: _____

a. If the parents/guardians are divorced, separated or never married, who has legal custody of the child? _____

9. Names of siblings of the above named child attending (or about to be enrolled in) the Lumberton Township Public Schools or in another school district: (If none, write "none")

Name: _____ District: _____ School: _____

Name: _____ District: _____ School: _____

Name: _____ District: _____ School: _____

10. Do you have court awarded custody? _____ If yes, please attach copy of the official court order.

11. Mother's employer: _____ Father's Employer: _____

Address: _____ Address: _____

Telephone #: (_____)_____-_____ Telephone #: (_____)_____-_____

12. Do you receive any monies or benefits from the federal, state or local government agencies on behalf of the aforementioned child? (circle) YES NO

a. If YES, please specify the source and amount of such monies or benefits: _____

13. Are you presently capable of supporting or providing care for the aforementioned child? (circle) YES NO

a. If neither parent or guardian is presently capable of supporting or providing care for the aforementioned child, set forth in detail the reasons why: _____

Attach all medical reports, counselor or social worker assessments, employment discounts, benefit statements or other evidence of circumstances demonstrating a family or economic hardship rendering the parent(s) or legal guardian(s) incapable of supporting or providing care for the aforementioned child.

14. Will you make any contribution or payment, either in money or kind, for food, clothing, recreation, medical expenses, lodging or other expenses in connection with the support, maintenance or education of the aforementioned child? (circle) YES NO

a. If YES, describe the contribution(s) you will make and for what they are intended: _____

15. Who is presently providing for the financial costs for the aforementioned child? _____

a. What is this his/her/their relationship with the aforementioned child? _____

16. When do you expect the aforementioned child to return to live with you? _____

I authorize the person with whom the aforementioned child is living to act as my agent and signatory on my behalf for all necessary documents required of parents/guardians in the Lumberton Township School District. _____
Initial

I agree to notify the Lumberton Township Board Secretary immediately, in writing, of any changes that may occur relating to the conditions specified in this affidavit. _____
Initial

I understand and accept the school's responsibility to contact the appointed legal guardian in all school related matters. _____
Initial

I understand that the information furnished in this affidavit will be relied upon by the Board of Education of the Lumberton Township School District as basis for admitting the child sought to be admitted. _____
Initial

I understand that if any of the statements I have made in this affidavit are false, I am subject to criminal prosecution for false swearing under the Code of Criminal Justice. The crime of false swearing is a crime of the fourth degree. A person who has been convicted of the crime of false swearing may be sentenced to a term of imprisonment not to exceed 18 months and to the payment of a fine not to exceed \$7,500.00. _____
Initial

In the event the Board challenges any of the statements I have made, and it is determined that the child is not eligible, I will be obligated to pay the school district tuition for all days of illegal attendance. Tuition shall be based on actual costs per pupil, and shall include tuition for the regular school year program, summer programs and enrichment programs. _____
Initial

I understand that any person who fraudulently allows a child of another person to use his residence and is not the primary financial supporter of that child and any person who fraudulently claims to have given up custody of his or her child to a person in another district commits a disorderly persons offense under the Code of Criminal Justice. A person who has been convicted of a disorderly persons offense may be sentenced to a fine not to exceed \$1,000.00 and to imprisonment for a definite term not to exceed 6 months. _____
Initial

I, _____, being of full age, do solemnly swear that I have read and
Print Full Name
understand the foregoing information sheet, and that the foregoing statements made by me in reply to the information listed above is true.

Signature

Sworn and subscribed before
me this _____ day of
_____, 20____

(A Notary Public of New Jersey)