

Parents Residing With Host Family Affidavit

LUMBERTON TOWNSHIP SCHOOL DISTRICT

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

AFFIDAVIT

TO BE COMPLETED BY PARENTS RESIDING WITH HOST FAMILY DOMICILED IN LUMBERTON TOWNSHIP (EACH PARENT MUST COMPLETE HIS/HER PORTION)

State of New Jersey)
: SS.
County of Burlington)

Student's Name: _____ Date of Birth: _____ Grade Entering: _____

Mother's Name: _____ Father's Name: _____

Mother's Current Address: _____ Father's Current Address: _____

Mother's Home Phone: (_____) _____ - _____ Father's Home Phone: (_____) _____ - _____

Mother's Work Phone: (_____) _____ - _____ Father's Work Phone: (_____) _____ - _____

Mother's Former Address: _____ Father's Former Address: _____

Mother's Marital Status: _____ Father's Marital Status: _____

Student is presently under primary care of _____ Relationship of Primary Caregiver _____

Student's primary caregiver is presently residing with _____
Name

Host's Address: _____ Host's Name
Home Phone: (_____) _____ - _____

Relationship of Host to Student: _____ Number of Years Known: _____

Parent (Primary Caregiver) Employer: _____
Firm/Company/Agency, etc.

Firm/Company/Agency Address and Phone

Length of Employment: _____ years Employment Start Date: _____

Reason that parent (primary caregiver) and student are living with abovementioned host family: Be specific

Last school attended by child: _____ School district: _____

City & State: _____

I certify that I have been given a copy of school district policy #5111. I understand that the district is relying on the statements I have made in this affidavit. I further understand that:

- a) If any of the statements I have made 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 _____; and

Initial

- b) 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 Lumberton Township School District for all days of illegal attendance. Tuition shall be based on actual costs per pupil, and shall include school programs and enrichment programs. _____

Initial

VERIFICATION

I, _____, being of full age, do solemnly swear:
 that I have read and understand the foregoing affidavit and that the foregoing statements made by me in the affidavit are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to criminal prosecution.

Parent (Primary Caregiver) Signature

Sworn and subscribed before me

this _____ day of _____, 20____

A Notary Public of New Jersey