



Administrative Offices, 685 Fifth Street, Secaucus, NJ 07094
Phone (201) 974-2004 • Fax (201) 617-0197

Residency Affidavit 3a
Family Temporarily Living with a District Resident

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

I/we, _____, of full age, being duly sworn according to law, on my oath depose and say:

1. I/we reside at _____ in the Town of Secaucus, County of Hudson, and State of New Jersey. This has been my/our place of residence since _____.
2. I/we do not own or rent the premises in which I/we reside. I/we and my/our child/children are residing in the premises with the approval of the owner/tenant (circle the appropriate term).
3. I desire to register my child/children, _____ in the Secaucus School District (hereinafter referred to as “the District”).
4. I/we shall retain all personal obligations of our child/children relative to school requirements and shall ensure that our child/children comply with all of the policies, rules and regulations of the District and the laws of the State of New Jersey.
5. I am aware that I have the obligation to notify the Secaucus Board of Education (hereinafter referred to as “the Board”) immediately if any of the above circumstances change.

6. This Affidavit is made in compliance with the provisions of 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. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools as well as any related costs and/or fees, including attorneys fees, incurred as a result of such ineligible attendance.

Signature(s) of Parent(s)

Print Name

Print Name

Signature

Signature

Street Address

City State Zip

Telephone Number

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

Notary Public

My Commission Expires: _____