ROCKAWAY BOROUGH PUBLIC SCHOOLS

103 EAST MAIN STREET ROCKAWAY, NEW JERSEY 07866 TEL: 973-625-8601 FAX: 973-625-7355 MR. DENNIS MACK SUPERINTENDENT OF SCHOOLS

RE: <u>Resident/Parent Affidavits</u> – Living with resident

Dear Parent/Guardian,

The Board believes that all persons in grades kindergarten through eighth grade who reside in the Rockaway Borough School District may attend District schools. All persons eligible for admission to the District's schools and who are domiciled with a Rockaway Borough resident must provide proof of domicile, in the form of a sworn statement.

If you are residing in the home of a Rockaway Borough resident and requesting admission of your child into the Rockaway Borough Schools, the attached affidavits must be completed and notarized prior to your child's admission. The first affidavit (RBRESAFF1/2) should be completed by the Rockaway Borough Resident with whom you reside and the second affidavit (RBRESAFF2/2) should be completed by the parent(s) of the student requesting admission in to the school district.

If you have any questions, do not hesitate to contact me.

Sincerely,

Dennis Mack Superintendent of Schools

ROCKAWAY BOROUGH SCHOOL DISTRICT

TO BE COMPLETED BY ROCKAWAY BOROUGH RESIDENT

(This form must be completed when the parent(s) of a student requesting admission are residing with another family that is a resident of Rockaway Borough.)

	b	eing duly sworn upo	on my oath, depose and say:	
	(resident's name)			
1.	I am the	of	and am making this	
	(relationship to student) affidavit in support of his/her ap	(student's n oplication for admission	name) on to the Rockaway Borough Publi	ic
	School District.			
2.	I am domiciled at		, New Jersey.	
		(address)		
3.	My spouse(spouse's name)	, and I own the prop	perty located at the address listed	
	(spouse's name) above.			
4.	Mv	_	, will	[
	My(relationship to parent)	,((parent(s) name(s)	
	reside at(addr		, N.J. with his/her child,	
	(addr	ess)		
	, (child's name)			
	(child's name)			
5.			have resided at t	this
	(parent and student's full name)			
	address since	and will continue to	o reside at this address until	
	(date)	_	(date)	
6.	I am aware that if any of the foregoing statements made by me are false, I will be assessed tuition by the Rockaway Borough School District for the entire period of			
7.	I am aware that if any of the foregoing statements made by me are false, I may be subject to punishment for false swearing.			
8.	I have attached the required documentation as outlined on page two of this document			
	Resident's signature	Resident	t's signature	
	Sworn to and subscribed			
	Before me on the	1 6	20	

Notary Public

(seal)

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ROCKAWAY BOROUGH SCHOOL DISTRICT

AFFIDAVIT

TO BE COMPLETED BY ROCKAWAY BOROUGH RESIDENT

As proof of residency, please attach to this affidavit at least <u>one document listed in Category A</u> and at least <u>two documents listed in Category B</u>. Please indicate with an "X" which documents are attached.

Category A – Attach a copy of at least one of the following documents:

- _____ The most recent real estate tax bill for my residence showing me as the taxpayer
- _____ A signed lease or deed for my residence
- _____ A closing statement for the purchase of residence

Category B – Attach a copy of at least two of the following documents that show your current address:

- _____ Driver's License
- Gas, electric or water bill dated within the past 3 months
- _____ Home/apartment insurance certificate
- _____ First class mail/letter from state or federal agency dated within the past 3 months
- _____ Bank statement dated within the past 60 days

ROCKAWAY BOROUGH SCHOOL DISTRICT

		AFFIDAVIT			
то	BE COMPLETED BY <u>PARENTS</u> (This form must be completed when another family that is a resident of R	the parent(s) of a student requ			
•	being duly sworn upon my oath, depose and say:				
	(parent(s) names)				
1.	I am the	of	and am making this		
	(relationship to student) affidavit in support of his/her app				
	School District.				
2.	Until, I resid	ded at(previous address)			
3.	As of, my	child(student's name)	and I moved into		
			, New Jersey.		
	(resident's name)	(resident's a	address)		
4.	(resident's address)	, New Jersey is n	nddress) ny true, fixed & permanent address.		
5.	I am aware that if any of the foregoing statements made by me are false, I will be assessed tuition by the Rockaway Borough School District for the entire period of 				
6.	I am aware that if any of the fore punishment for false swearing.	going statements made by	me are false, I may be subject to		

Resident's	signature

Resident's signature

Sworn to and subscribed Before me on the ______ day of ______, 20___.

Notary Public

(seal)