LONG BRANCH PUBLIC SCHOOLS JMF EARLY CHILDHOOD LEARNING CENTER

AFFIDAVIT RESIDENCY ONLY

COUNTY OF: MONMOUTH (NAME OF COUNTY)	
DISTRICT OF: LONG	BRANCH
BEING DULY SWORN, UPON MY O	OATH, DEPOSE AND SAY:
(PRINT RECIDENT'S NAME)	RESIDE AT(ADDRESS)
	DISTRICT. I AM THE (PRINT RELATIONSHIP)
OF(PRINT NAME OF CHILD)	, WHO RESIDES WITH ME.
I AM AWARE THAT THE LONG E	BRANCH BOARD OF EDUCATION WILL RELY UPON THIS AFFIDAVI
IN PERMITTING(NAME OF CH	TO ATTEND THE STATE FUNDED ABBOTT
PRE-SCHOOL PROGRAM IN LONG BRA	ANCH,
I AM ALSO AWARE THAT THE LAW PRO	VIDES A PENALTY IN THE EVENT THIS AFFIDAVIT IS FALSE.
(SIGNATURE OF RESIDENT)	(PRINT NAME OF RESIDENT)
(PARENT/GUARDIAN)	(PRINT NAME OF PARENT/GUARDIAN)
SWORN AND SUBSCRIBED TO BEFORE	E M E THIS
DAY OF	20
(NOTARY PUBLIC)	