LONG BRANCH PUBLIC SCHOOLS

AFFIDAVIT RESIDENCY ONLY

COUNTY OF: MONMOUTH (NAME OF COUNTY)	
DISTRICT OF: LONG BRANCH	······································
BEING DULY SWORN, UPON MY OATH, DEPO	OSE AND SAY:
PRINT RESIDENT'S NAME)	(ADDRESS)
IN THE LONG BRANCH DISTRICT. I (NAME OF DISTRICT)	AM THE(PRINT RELATIONSHIP)
OF, WHO	O RESIDES WITH ME.
I AM AWARE THAT THE LONG BRANCH BOA IN PERMITTING(NAME OF CHILD)	ARD OF EDUCATION WILL RELY UPON THIS AFFIDAVITTO ATTEND THE LONG BRANCH PUBLIC
SCHOOLS, I AM ALSO AWARE THAT THE LAW PROVIDES A PEN	IALTY 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 ME THIS	
DAY OF20	
(NOTARY PUBLIC)	