

**MOORESTOWN TOWNSHIP PUBLIC SCHOOLS**

Central Registrar  
350 Bridgeboro Road, Guidance Entrance A4  
Moorestown, New Jersey 08057  
Phone (856) 778-6610 x12019  
Fax (856) 222-1754

**AFFIDAVIT OF RESIDENCY – CHILD AND PARENT LIVING WITH  
RESIDENT  
PURSUANT TO N.J.S.A. 18A:38-1**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student's Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_ the property at  
(Name) (rent or own)  
\_\_\_\_\_, Moorestown, New Jersey.  
(Street Address)

I further swear that \_\_\_\_\_ and  
(Name of Student)  
\_\_\_\_\_ reside with me on a full time  
(Name of Parent)

basis, and also maintain a permanent residence at this address.

I have read, or have had read to me, this Affidavit of Residency that I have completed, and it is true and correct. I understand that I can be held legally responsible for any violation on N.J.S.A. 18A:38-1 as a Disorderly Person for fraudulently allowing the use of my residence for education purposes. I also understand that I will be charged tuition for the number of days attended under a fraudulent affidavit.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)