

River Edge Public Schools

410 Bogert Road
River Edge, New Jersey 07661
201-261-3404 Fax 201-261-0698
www.riveredgeschools.org

AFFIDAVIT OF RESIDENCY

Date: _____

I, _____, hereby affirm that I am the
Parent / Guardian and hereby certify that my child(ren) and I are officially residing at
_____ in the Borough
of River Edge, New Jersey.

Students' Names	D.O.B.	Age	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I further state that this form and the attached documents constitute true and accurate proof that the student(s) listed above reside with me within the Borough of River Edge and will continue to do so for the school year. If any student listed above stops living with me, or if I move my residence out of River Edge within the school year, I will promptly notify the River Edge Public Schools.

If it is determined that the above stated address is not my valid residence, I acknowledge that I will be responsible to pay the tuition rate established by the State of New Jersey to the River Edge Board of Education for each child attending school in the River Edge Public School, until residency has been established.

The person signing the affidavit understands that any false statements, answers or declarations contained in this affidavit may subject the affiant to criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2. If a person is convicted of such a crime, he or she may be punished by a fine of up to \$7,500.00, or be imprisoned for up to 18 months, or both.

Signature of Parent / Guardian or "Affidavit Host"

Print Name

Date