



Wall Township Public Schools
Application for Admission of Affidavit Student- Form B-Part 2
Pursuant to N.J.S.A. 18A:38-1(B)(1)
State of New Jersey; County of Monmouth; ss. Affidavit of Resident Custodians

Name(s) of Resident(s) _____ and _____ of full age,
 being duly sworn according to law upon their oath deposes and say:

1. I/we have made application to register: _____ as a student in the Wall Township Public School District on _____.
2. The parent or legal guardian(s) of the above student are: _____, who are not residents of Wall Township Public Schools District. They reside at _____.
3. The above named parent or legal guardian(s) are not capable of supporting or providing care for the reasons stated in the Affidavit of Non-Resident Parent(s) which is submitted together with this Affidavit (as per N.J.A.C. 6A:28-2.4(a)(2)(i)(1)).
4. My/our relationship to the student(s) is _____.
5. My/our address and phone # is _____.
6. Proof of Residency Provided _____
 (examples of acceptable proof include Tax Bill, Mortgage Receipt, or Lease Agreement)
7. Additional Proof of Residency (3 needed) _____
 (acceptable proofs: utility bill, driver's license, car insurance, vehicle registration, Voter registration, delivery receipts)
8. I/we are supporting the child(ren) gartis, and will assume all personal obligations for the child(ren) relative to school requirements and intend to keep and support the child(ren) gratuitously for a longer time than merely through the school term.
9. I/we are legally responsible for the above named child(ren) as demonstrated by the attached documentation:

10. The above named child(ren) are not residing in the District solely for the purpose of receiving a free public education within the district.
11. I/we agree to provide the Wall Township Public School District with new Affidavits in each year during which I/we continue to apply for non-resident admission to the District for the above named child(ren).
12. I/we certify that the foregoing statements made are true. I/we acknowledge that if any of the foregoing statements are willfully false, I/we will be financially responsible for tuition assessed at the current rate for all days found to be ineligible.

Resident Signature # 1 _____ # 2 _____

Sworn to before me this _____ day of _____, 20____.

Notary Signature/Seal _____