

**Ramapo Indian Hills Regional High School District**

131 Yawpo Avenue  
Oakland, New Jersey 07436  
Phone: (201) 416-8100 ♦ Fax: (201) 416-8123

**Residency Affidavit 3a  
Family Temporarily Living with a District Resident**

State of New Jersey            )  
  ) ss:  
County of Bergen                )

I/we, \_\_\_\_\_, of full age, being duly sworn according to law, on my/our oath depose and say:

1. I/We reside at \_\_\_\_\_  
in Township/Borough of \_\_\_\_\_, County of Bergen , and State of New Jersey. This has been my/our place of residence since \_\_\_\_\_
2. I/We do not own or rent the premises in which I/we reside. I/we and my/our child/children are residing in the premises with the approval of the owner/tenant (circle appropriate term).
3. I desire to register my child/children, \_\_\_\_\_ in the Ramapo Indian Hills Regional High School District (hereinafter referred to as "the District").
4. I/We shall retain all personal obligations of our child/children relative to school requirements and shall ensure that our child/children comply with all of the policies, rules and regulations of the District and the laws of the State of New Jersey.
5. I am aware that I have the obligation to notify Ramapo Indian Hills High School District Board of Education (hereinafter referred to as "the Board") immediately if any of the above circumstances change.

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6. This Affidavit is made in compliance with the provisions of N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Board to accept the child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board's reliance upon the truthfulness and accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools.

Signature(s) of Parents

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number

Sworn and subscribed to before me

this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_