

ROXBURY PUBLIC SCHOOLS
1-A – AFFIDAVIT FOR PARENT(S)/LEGAL GUARDIAN(S)
1-B – AFFIDAVIT FOR RESIDENT(S)

Please return the completed affidavit registration packet.

ENROLLMENT OF AFFIDAVIT STUDENTS

REGISTRATION REQUIREMENTS

In order to register in the Roxbury School District, you must complete the attached forms as well as provide all required documents as described on page two. A child between the ages of five and under twenty who is living/residing in the home of an adult, not his/her parent(s) or legal guardian(s), residing within the boundaries of the Roxbury School District, may be enrolled tuition-free in the schools of the District provided that all requirements of New Jersey law are met. N.J.S.A. 18A:38-1 provides that a child living with such a resident must be:

- supported gratis (free of charge) by the resident as if the child were the resident's own child and intends to do so for a time longer than the school term; and
- kept and supported in the resident's home because of family or economic hardship in the child's family and not simply to attend one of the schools in district.

The resident(s) must assume all responsibility for the child relative to school requirements, and sign a sworn affidavit attesting to same. New Jersey law also requires that the parent(s) or legal guardian(s) permitting their child to live with another individual must be incapable of supporting or providing care for the child due to family and/or economic hardship. The parent(s)/guardian(s) must sign a sworn affidavit attesting to the existence of such problems. Separate affidavits must be submitted by the resident(s) and parent(s)/legal guardian(s).

DOCUMENTATION

In order to satisfy legal requirements, residents who are not the parents(s) or legal guardian(s) of a child, seeking to enroll the child in the Roxbury School District, shall submit to the District the admission forms, and legal affidavits enclosed in this admission packet **annually** and present the documents listed on page two.

AFFIDAVIT DOCUMENTATION

The affidavits should be accompanied by documentation to verify the existence of a hardship and the amount of support provided. Failure to submit sufficient documentation to establish compliance with law may result in the denial of the application. The information and documentation provided with the admission request shall be used by the District to determine the validity of the request. If the evidence does not support the validity of the request, the child may not be permitted to enroll.

Economic Hardship

In the event you are stating, under oath, that **economic hardship** exists which prevents the parent(s)/guardian(s) from supporting and providing care for the pupil, submit documentation to support the validity of that claim, which may include, but not be limited to documentation verifying: salary; unemployment; receipt of federal and/or state public assistance or other benefits; and such other documentation which will establish economic hardship.

Family Hardship

In the event you are stating, under oath, that a **family hardship** exists which prevents the parent(s)/guardian(s) from supporting and providing care for the pupil, submit documentation to support the validity of that claim, which may include, but not be limited to documentation verifying: medical and/or mental health treatment; child welfare agency involvement; and such other documentation which will establish family hardship.

Economic and Family Hardship

In the event you are stating, under oath, that both **family and economic hardship** exist which prevent the parent(s)/guardian(s) from supporting and providing care for the pupil, submit documentation to support the validity of both claims.

You bear the burden to provide proof sufficient to establish the existence of a family or economic hardship which renders the parent(s)/guardian(s) incapable of providing support or care for the pupil. Fraudulent statements or claims for admission may be prosecuted to the full extent of the law.

2. **Mother's Address** _____
(No.) (Street)

(Town) (State) (Zip Code)

(Home Phone) (Work Phone) (Cell Phone)

Father's Address _____
(No.) (Street)

(Town) (State) (Zip Code)

(Home Phone) (Work Phone) (Cell Phone)

3. **Name of Legal Guardian, if applicable:**

(Last Name) (First Name)

4. **Address of Legal Guardian:**

(No.) (Street)

(Town) (State) (Zip Code)

(Home Phone) (Work Phone) (Cell Phone)

5. **Are you the legal guardian?** _____

If not, have you applied to Court to be appointed the legal guardian?
YES NO

When? _____

Provide Documentation to support this answer

1B

B. 1. School and grade Pupil will attend:

2. What school did Pupil last attend?

(Name of School) (Address)

(City) (State) (Zip) (Phone No.)

3. Date of last attendance: _____

C. 1. Address at which the Pupil is now living:

(No.) (Street)

(Town) (State) (Zip Code)

2. Telephone Number: _____

3. Last prior address of Pupil:

(No.) (Street)

(Town) (State) (Zip Code)

D. 1. With whom does the Pupil now live?

(Last Name) (First Name)

Since when? _____

2. What relation are you to the Pupil? _____

3. Circle will or will not:

The Pupil will/will not be residing with me for the sole purpose of receiving a free public education in the district.

E. 1. Do the parents/legal guardians of the Pupil currently pay any of the costs of maintaining the Pupil?

Yes No

2. If so, how much? \$ _____ per week
\$ _____ per month
\$ _____ per year

For what purpose? _____

F. 1. During the time the Pupil resides with you, will you receive any payment or contributions either in money or in lodging, food, clothing, medical insurance/expenses, recreation, or any other thing or service of value in connection with the support, maintenance and education of the Pupil?

Yes No

2. Explain (Be Specific as to Amount, Type and Purpose of Payment or Contribution). IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

1B

G. 1. Who is financially responsible for the Pupil?

2. When do you expect the Pupil to move out of your home?

(Provide specific date)

3. During the time the Pupil resides with you, will you make any payments or contributions either in money or in lodging, food, clothing, medical insurance/expenses, recreation, or any other thing or service of value in connection with the support, maintenance and education of the Student?

YES NO

4. Explain (Be Specific as to Amount, Type and Purpose of Payment or Contribution). IDENTIFY AND ATTACH ALL DOCUMENTATION TO SUPPORT THIS ANSWER.

H. 1. Does the Pupil currently live with his/her parent(s)/legal guardian(s) any part of the week? YES NO

If so, how many days per week? _____

If so, how many days per month? _____

If so, how many days per year? _____

1B

- I. 1. During the school year, will the Pupil live with his/her parent(s)/legal guardian(s) any part of the week? YES NO
If so, how many days per week? _____
If so, how many days per month? _____
If so, how many days per year? _____
2. Will this Student live with his/her parents during the summer?
YES NO
- III. I/will assume all personal and financial obligations for the Pupil with respect to school requirements, and will receive minimal contribution or payment of any kind from the Parent(s)/Legal Guardian(s) in connection with the support or maintenance or education of the Pupil.
- IV. I am making this affidavit pursuant to N.J.S.A. 18A:38-1(b), to induce the Roxbury Board of Education to accept said Pupil in its public schools free of charge.
- V. I/we understand that the Board of Education reserves the right to make periodic checks as to our continuing support for the Student named above and his/her residence in our home. In addition, the Board of Education reserves the right to require additional documentation to verify the residency and dependency of the Student named above. I/we agree to cooperate with any investigation by the Board of Education.

The above statements and attachments are true and complete. I/we know that if they are false, I/we am/are subject to punishment, including personal liability for the payment of tuition for the entire school year, or any portion thereof.

Sworn to and subscribed

Before me this _____

Day of _____, _____:

(Resident's Signature)

Notary Public

(Resident Spouse's Signature)



ROXBURY TOWNSHIP PUBLIC SCHOOLS

25 Meeker Street
Succasunna, NJ 07876
973-584-4232
973-252-0593 (fax)

McKinney Vento Program Assessment Form

Student's Name: _____ ID# _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Address: _____

Home School (based on current residence): _____

School of Origin (last school attended): _____

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is this student in temporary or emergency foster care placement? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered **YES** to **any** of the above questions, please complete the remainder of this form.

If you answered **NO** to all of the above questions, you may stop here.

1. Where is this student currently living? (*check box*)

- In a motel/hotel- Name of motel/hotel: _____
- In a shelter- Name of shelter: _____
- Transitional Housing- Name of transitional housing: _____
- Group Home- Name of group home: _____
- Temporary/emergency foster home
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? _____

3. How long do you plan to live at this residence? _____

4. With whom does the student currently live: (*check box*)

- Both parents
- One parent- Which parent? _____
- One parent and another adult- Which parent? _____
- A relative- Specify which (e.g. grandmother) _____
- Friends or other adults- please identify _____
- An adult who is not a parent or legal guardian- please identify _____



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5. Describe the current living situation in detail: _____

6. Any possibility of violence or abuse in home? If so, describe. _____

7. In your child's previous school, did he/she receive any of the following? *(check all that apply)*
- Special Education/Exceptional Children's Services- Describe: _____
 - 504 Accommodation Plan- Describe: _____
 - English As a Second Language (ESL) services
 - Help for Behavior Improvement
 - Tutoring Services
 - Academically or Intellectually Gifted services
 - Counseling services

8. At this time, what is the greatest need for your child? *(check all that apply)*
- School supplies
 - School uniform or clothing
 - Help for academic improvement
 - Help for behavior improvement
 - Referral for food assistance
 - Medical referral/immunizations
 - Mental health/counseling referral
 - Other- Please describe: _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared by my signature below as consent with community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared by my signature below as consent for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law.

Parent/Guardian Signature: _____
(Or Unaccompanied Youth)

Date: _____

MCV School Liaison Signature: _____

Date: _____