

Student Residency Declaration

Student Name: _____ D.O.B: _____

In accordance with the New Jersey state law (N.J.S.A. 18A:38-1 AND 18A:7B-12), it is necessary to determine the residence of students entering the school district.

Please check off only A or B that applies to your family's living situation.

A. _____ Permanent Residence: (check only **ONE** below)

- We live in our own residence and have provided acceptable Proof of Residency; none of the transitional or homeless living situations below apply to our family.
- We share a residence on a permanent basis with family or friends, and have provided acceptable Proof of Residency.

B. _____ Transitional or Homeless Situation: If you are in a transitional or homeless situation, please indicate one of the following. Be assured that this information is kept in the strictest of confidence. (check only **ONE** below) You must also complete the McKinney-Vento Form

- Family / Friend's home (temporary / transitional)
- Hotel/Motel
- Transitional Housing / Shelter
- Unsheltered / Car
- Campground
- Migrant family dwelling

Parent/Legal Guardian signature: _____ Date: _____