



Wall Township Public Schools
Application for Admission of Affidavit Student- Form B-Part 1

Pursuant to N.J.S.A. 18A:38-1(B)(1)

State of New Jersey; County of Monmouth; ss. Affidavit of Non-Resident Custodians

Parent or Guardian(s) Names _____, being of full age, being duly sworn according to law upon their oath deposes and say:

1. I/we are the parent/legal guardian(s) of _____ (Name(s) of Students)

Who has made application for enrollment in the Wall Township Public School District on _____.

2. I/we reside at: _____ (street address, city, zip code and country if applicable)

A clear copy of my/our photo ID is attached indicating my/our current address as stated above.

3. I/we are not capable of supporting or providing care for the child(ren) due to family or economic hardship. (A notarized letter of explanation detailing the hardship is attached).__

4. The above named children reside with _____ and _____ who are residents of _____ Wall Township. __

5. Resident's Address and Phone # _____

6. Resident's relationship to the student(s): _____

7. The above named Resident Custodian(s) have submitted a notarized Affidavit (as per N.J.A.C. 6A:28-2.4(a)(2)(i)(1) evidencing that they are supporting the child(ren) gratis, 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, and are providing written proof of their residency in the District. __

8. The above named child(ren) are not residing in the District solely for the purpose of receiving a free public education within the District. __

9. I/we hereby authorize the above named residents of Wall Township School District to enter into agreements, sign documents, and make necessary education related decisions on behalf of the students named herein. __

10. I/we agree to provide the Wall Township School District with new Affidavits each year during which the child(ren) continue to apply for non-resident admission to the District. __

11. I/we certify that the foregoing statements are true. I/we acknowledge that if any of the foregoing statements are willfully false, I/we will be financially responsible for tuition at the current rate for all days found to be ineligible. __

Parent/Guardian Signature # 1 _____ # 2 _____

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

Notary Signature/Seal _____