

WEST MILFORD TOWNSHIP PUBLIC SCHOOLS

PROOF OF RESIDENCY STATEMENT

RETURN ALL REQUIRED DOCUMENTS TO THE SCHOOL ON OR BEFORE:

(30 days from date of registration)

The West Milford Township Board of Education requires that you provide the following information:

Your Name and Address Is:

Mr. _____ Address: _____

Mrs. _____

The Student(s) Residing With You at This Address Are: (Please list youngest to oldest; only include children currently attending West Milford Township Public Schools **and the new student.**)

<u>NAME(S)</u> (Please PRINT)	<u>AGE</u>	<u>GRADE</u>	<u>SCHOOL ATTENDING</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Daytime Telephone #: HOME: (_____) _____ **WORK:** (_____) _____

REQUIRED DOCUMENTATION (Forward all to the building principal's office)

1. A current property tax bill showing ownership of the above listed residence within the Township of West Milford; (A deed or mortgage statement is also acceptable.) **or**
2. A lease, effective during the current school year, for the above listed residence within the Township of West Milford.
3. **In addition to #1. or #2. above, two (2) additional documents** showing your address: (Check the two provided)
 - A. _____ A telephone bill (most recent showing your address)
 - B. _____ An electric bill (most recent showing your address)
 - C. _____ Valid Driver's License (showing your address)
 - D. _____ Bank Statement (showing your address -- block out figures)
 - E. _____ A cable television bill (most recent showing your address)
 - F. _____ Gas Bill (most recent showing your address)

and, if applicable

4. A signed affidavit form stating that the student(s) listed above reside with you. (Provided to you at registration)

(over)

I, _____, affirm that I am the:

(Check One) (Print Name) _____ Parent or Guardian
_____ Affidavit # _____

of the student(s) listed on this form. I further affirm that this form and the attached documentation constitute true and accurate proof that the student(s) listed above reside with me within the Township of West Milford and will continue to do so for at least the next six (6) consecutive months. If any student listed above stops living with me, or if I move my residence out of the Township of West Milford within or after the next six (6) consecutive months, I will promptly notify my child's School Principal in writing.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I may be subject to legal penalties.

Signed: _____

Dated: _____

*******FOR SCHOOL USE BELOW THIS LINE*******

Date request was made for documentation: _____ Reviewed by _____

Completed documentation (note date received):

- _____ Proof of Residency Statement
- _____ Property Tax Bill/Mortgage
- _____ 2 Additional Documents With Address (see previous page)
- _____ Lease/rental Agreement
- _____ Affidavit (If leasing/renting)

Date(s) of Subsequent requests: _____ *
*Certified/receipt

Building Administrator Review: _____ **Date:** _____

If required documentation is not submitted after the third request, forward a copy of this form to the Director of Education. Date sent to Director of Education: _____

*******FOR BOE USE BELOW THIS LINE*******

1. **Date received:** _____
2. **Date letter sent:** _____ **Completion Date:** _____
3. **Other steps taken:** _____

*******FOR DATA SERVICES USE BELOW THIS LINE*******

WHEN ALL DOCUMENTS ARE SUBMITTED

Data Services Entry Date: _____ **By:** _____