AFFIDAVIT OF DOMICILE SOUTH PLAINFIELD PUBLIC SCHOOLS SOUTH PLAINFIELD, NEW JERSEY

VALID FOR ONE SCHOOL	YFAR ONI Y		
7,1212 1 31, 31, 12 30, 13 31		SCHOO	L
		GRADE	
			L YEAR
Parent/Guardian			
Student			
Address			
TO BE USED TO DETERMINE PROOF OF ACTUAL RESIDENCE: New Jersey Statute, Title 18A Chapter 38, Article I, section a., states that: "Public schools shall be free to any person over five and under 20 years of age who is domiciled within the school district." Pursuant to the foregoing paragraph, we, the undersigned, of full age, being duly sworn according to law, upon our oaths, depose and say that:			
We Rent/Lease	Weekly/	Monthly/	Yearly
At(Name and Street Address Middlesex County, New Jersey, a	ss)		
Date (Month/Day/Year	_		
Said residency in South Plainfield home. We understand and agree that immediately notify the Board of E	t, if at any time	our residency/domicile	
Former Address:		_	
THE ABOVE STATEMENT MUST OFFICE.		AND SUBMITTED TO	THE ENROLLMENT
	al Signature		
Leg	al Signature		
(Print Name)			
Sworn to and subscribed to befor	re me this day of:		

A Notary Public of the State of New Jersey