

**CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT**

**RESIDENCY DECLARATION**

I \_\_\_\_\_ hereby swear under penalty of law that the documentation that I am providing is true and accurate.

I further declare that \_\_\_\_\_ is domiciled (living with) me in the Borough of Cliffside Park and is declared as a dependent on my income tax return.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

Dated:

Witnessed By:

\_\_\_\_\_

Dated: