

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT
525 Palisade Avenue
Cliffside Park, NJ 07010

AFFIDAVIT OF RESIDENCY

STATE OF NEW JERSEY:

SS:

COUNTY OF BERGEN:

I, _____, of full age, being duly sworn according to law,
upon my oath depose and say:

I, _____, parent/guardian, hereby certify that my child(ren)
and I are officially residing at _____, in the
Borough/Township/City of _____.

Name of Children	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby submit the following forms of proof, which establish that my child(ren)
and I are domiciled in the Borough of Cliffside Park:

One (1) of the following:

- ☐ Photo ID – Used for Identification Purposes

One (1) of the following:

- ☐ Deed of Home
- ☐ Mortgage Statement
- ☐ Closing Statement
- ☐ Lease (*If a lease is used, a Landlord Affidavit and cancelled check showing payment for rent for a current period AND a lease termination date clearly indicated on the agreement are required.*)

Two (2) of the following (showing family name & Cliffside Park address:

- ☐ Recent PSE&G Bill or Other Utility Bill (e.g., United Water)
- ☐ Television Bill (Cablevision, Verizon, Satellite)
- ☐ Telephone Bill
- ☐ Current Bank Statement
- ☐ NJ Vehicle Registration
- ☐ Voter Registration
- ☐ Other Proof as per N.J.S.A. 18A; N.J.S.A. 6A:_____

Please note that additional documentation may be required.

I further state that this form and the attached documents constitute true and accurate proof that the student(s) listed above reside with me within the Borough of Cliffside Park and will continue to do so. If any child(ren) listed above stops living with me, or if I move my residence out of the Borough of Cliffside Park, I will promptly notify the Cliffside Park Board of Education in writing.

"If it is determined by investigation that the above stated is not my valid Cliffside Park residency and the residence where the child(ren) names in this affidavit also resides, I acknowledge that I will be responsible to pay the tuition to the Cliffside Park Board of Education for those children listed above while attending the Cliffside Park Public School system and that unless the District approves continued school attendance as a tuition student, the child(ren) may be removed from the school. I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment."

The person signing the affidavit understands that any false statement, answers, or declarations contained in this affidavit may subject the affiant to criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2. If a person is convicted of such a crime, he or she may be punished by a fine of up to \$10,000.00, or be imprisoned for up to 18 months, or both.

Signature of Parent/Guardian

Subscribed and sworn to before me

This _____ day of _____, 20____. (Signed)_____

Notary Public of _____

Commission Expires _____ (Notary Stamp with name of Notary and Seal)

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT

REGISTRATION STATEMENT

The Board of Education request that you provide the following information:

Parents Name: _____

Address: _____

Phone Number: _____

The student(s) currently residing with you are: **Please print or type your responses.**

Name(s) of student(s)	Age	Grade	School of Attendance

COPIES OF THE FOLLOWING DOCUMENTATION MUST BE BROUGHT WITH YOU WHEN REGISTERING YOUR CHILD(REN):

You must provide a Valid Lease and Landlord Statement along with **ALL** of the following items:

1. A mortgage receipt OR property tax bill
2. Residency Affidavit #2
3. A current utility bill
4. Bank Statement
5. Driver's License with current address

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT Re-Registration Form
STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____ M/F: _____

Address: _____

School
Attending: _____

☐

Regular Education

☐

Special Education

Parents/Guardians	Mother	Father	Guardian
Name			
Native Language			
Custody Arrangements			
Address			
Own or Rent			
Home Phone			
Business Name			
Business Address			
Business Phone			
Cell Phone			

I certify that all of the information contained in this application is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government. I further understand that it is the policy of the Cliffside Park Board of Education to prosecute all cases of fraud to the fullest extent of the law and to recover full tuition costs and legal fees, where applicable.

Signature of Parent
Please Print Name: _____

Date

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:

CLIFFSIDE PARK BOARD OF EDUCATION

Landlord's Statement

Full Name of Landlord

Address of Landlord

**Home & Cell Telephone
of Landlord**

Name of Tenant(s)

Address of Tenant

**Name of Child(ren)
Residing with
Tenant(s)**

I, the owner of the property listed above, hereby affirm that the parent(s) / guardian(s) and of the children above do reside in the Borough of Cliffside Park.

I understand that if the residency information that I am providing is found to be false I will be responsible – along with the person(s) named as the tenant(s) – for all the tuition costs and fees paid by the Cliffside Park Board of Education in addition to any legal fees that may be incurred. I further understand that the current tuition rate is \$8,500 per year.

Further, I understand that any person – including landlords – who fraudulently allows a child of another person to use his or her residence or address and is not the primary financial supporter of that child and/or any person who fraudulently claims to have given up custody of his or her child to a person in another district commits a **CRIMINAL OFFENSE** which is punishable by law.

Landlords's Signature

Date

**Sworn and Subscribed
To me on (Date)**

Name of Notary

Address of Notary

Phone Number of Notary

Grade: Pre-K 4 Kindergarten

Last Name _____ First _____ Middle _____ Sex M or F _____

Address: _____ Home Phone: _____

Date of Birth _____ City/Country of Birth _____

If not born in US: Date of Entry: _____ Entry Date into the US School _____
(Month-Date-Year)

Birth Country: _____

Native Language (First language student spoke) _____ Home Language _____

Father's Name: _____ Mother's Name: _____
 Father's Place of Birth: _____ Mother's Place of Birth: _____
 Father's Occupation: _____ Mother's Occupation: _____
 Father's Work Phone: _____ Mother's Work Phone: _____
 Father's Cell Phone: _____ Mother's Cell Phone: _____
 Father's Home Phone: _____ Mother's Home Phone: _____

Marital Status of Parent(s): Married Divorced Separated Single
Custody: Father Mother Guardian

Name of School previously attended: _____
Address: _____

Name of Person to call in Emergency: _____
Phone Number: _____ Cell Phone Number: _____

Siblings: Brothers _____ Sisters _____

*****Has your child received any of the following*****

_____ Title 1 _____ Remedial Reading _____ ESL _____ Speech

COMMENTS: _____

For School Use Only:

Student ID Number _____ Ethnic Code: _____ Homeroom _____

Proof of Birth
Submitted: _____ Birth Certificate _____ Baptismal Certificate _____ Transfer Card _____ Passport _____

Date entered: _____ Student's Grade _____

Student ID (Note: If student ever attended a Cliffside Park School, REACTIVATE old number) _____

Cliffside Park Public Schools

A physical examination MUST have been performed within 365 days of entrance into school

Name: _____ School: _____ Date of birth: _____
 Address: _____ Grade: _____

VACCINE TYPE	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th Dose Mo/Day/Yr	6 th Dose Mo/Day/Yr
DTP, DT, DTaP, Tdap, Td or Tdap (Indicate Type)						
Polio (Indicate OPV or IPV)						
M M R						
Measles (Live)						
Rubella						
Mumps						
HbPV/HIB						
Hepatitis B						
Varicella			Gardasil			
Pneumococcal Conjugate						
Meningococcal			Flu Vaccine			
Hepatitis A			Mantoux Only		Result	

Physician's Examination...

Code: No Defect = 0 Defects = X Under Treatment = T

Eyes: _____
 Ears: _____
 Nose: _____
 Heart: _____
 Skin: _____
 Hernia: _____
 Coordination: _____
 Vision: _____

Hearing: _____
 Throat: _____
 Lungs: _____
 Allergies: _____
 Genitalia: _____
 Scoliosis: _____
 Teeth: _____

Height: _____
 Weight: _____
 Lymph Nodes: _____
 Abdomen: _____
 Nutrition: _____
 Nervous System: _____
 Feet: _____
 Blood Pres.: _____

Health History - Dates

Asthma: _____
 Chicken Pox: _____
 German Measles: _____
 Tuberculosis: _____
 Serious Injury: _____

Measles: _____
 Mumps: _____
 Diabetes: _____
 Operations: _____

Rheumatic Fever: _____
 Convulsions: _____
 Epilepsy: _____
 Emotional Problems: _____

- General Condition: _____

- May _____ may not _____ participate in all physical activities and athletic competition.
- The above named student is _____ is not _____ on medication.
 Name of medication: _____
 Reason for medication: _____
- Other medical conditions: _____

Name: _____
 Address: _____
 Phone: _____

Physician's Signature: _____
 Date of Examination: _____