



**MOUNT LAUREL TOWNSHIP SCHOOLS  
MOUNT LAUREL, NEW JERSEY**

**AFFIDAVIT OF RESIDENCY  
RELINQUISHMENT OF A MINOR TO GUARDIAN**

\_\_\_\_\_ Date

Name of Student: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Previous School: \_\_\_\_\_  
Name Address

From this date forward I, \_\_\_\_\_ relinquish custody of my child  
Signature of Parent

\_\_\_\_\_ to \_\_\_\_\_ residing at  
Student's Name

\_\_\_\_\_ Address

I will not be financially supporting this child, as the guardian will now assume all financial obligations regarding this child's personal matters. I further understand that I will **not** be contacted regarding any educational issue and that all such obligations and decisions will be the concern of the guardian.

This sworn Affidavit of Relinquishment of a Minor to Guardian is to accompany the Affidavit of Support of a Minor as part of the admission process for entry into the Mount Laurel Township School District. Recognizing that these forms are required by N.J.S.A. 18A:38-1, I fully understand that I can be charged as a Disorderly Person, according to this statute, if I fraudulently claim to give up my child for educational purposes.

\_\_\_\_\_ Print Name Parent or Guardian

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I am receiving from \_\_\_\_\_ assistance for this student.  
County State

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public