



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

**STUDENT AFFIDAVIT OF RESIDENCY**

(PURSUANT TO N.J.S.A. 18A:38-1)

Directions: The owner of the residence that you will be residing with must complete this form.

Date: \_\_\_\_\_

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

Student's Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Street City State

I, \_\_\_\_\_, \_\_\_\_\_ the property at  
rent/own

\_\_\_\_\_, Mount Laurel, New Jersey.  
Street Address

I further swear that \_\_\_\_\_ and  
Name of Student

\_\_\_\_\_ reside with me on a full time basis, and also maintain a  
permanent residence at this address.

I have initialed here \_\_\_\_\_ to acknowledge that I have received a copy of N.J.S.A.18A:38-1. As per this  
statute, I have provided the Mount Laurel Township School District with a copy of my proof of residence and  
hereby request that \_\_\_\_\_ be enrolled in this system of public education.

I have read or had read to me this Affidavit of Residency that I have completed, and it is true and correct. I  
understand that I can be held legally responsible for any violation of N.J.S.A.18A:38-1 as a Disorderly Person  
for fraudulently allowing the use of my residence for educational purposes. I also understand that I will be  
charged tuition for the number of days attended under a fraudulent affidavit. I understand that I must  
provide proof of residency to the Mount Laurel School District for the address listed above.

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

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

\_\_\_\_\_  
Signature

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

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