

BERLIN BOROUGH SCHOOL DISTRICT
215 South Franklin Avenue
Berlin, NJ 08009

DOMICILE AFFIDAVIT

Student(s): _____

Parent/
Guardian: _____ Relationship: _____

Previous
School: _____
(School Name) (Address)

Previous
Address: _____
(Street) (City/State)

I, _____, will be residing at _____
(Name) (Address)

on a temporary basis with the above named student(s), for whom I am the parent or legal guardian.

I have read, or had read to me, this Domicile Affidavit. I have completed the information, and it is true and correct, to the best of my knowledge. I understand that I can be held legally responsible for my involvement in an violations of N.J.S.A. 18A:381 for fraudulently completing this legal notarized statement, which I have signed below.

Name - Please print

Signature

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public