EVESHAM TOWNSHIP SCHOOL DISTRICT
APPLICATION FOR STUDENT ADMISSION
DOMICILE/TEMPORARY RESIDENT/SPECIAL CIRCUMSTANCES AFFIDAVIT

NOTE: This application should **only** be completed if the parent/guardian is not the owner/renter of residence. In those instances, the parent/guardian and adult residing in the district and with whom the child will be domiciled must complete the application. All questions must be answered. If no information can be provided for an item, enter "not known" in the space. If applicant is married, both husband and wife must sign this application. If applicant falls under one of the homeless categories, see established guidelines.

Date: _____ School of Attendance _____

I/We hereby make application to the Board of Education of the Evesham Township School District for the non-tuition enrollment of a pupil in accordance with New Jersey Statute 18A:38-1. I/We declare that this enrollment meets all legal requirements of the State of New Jersey.

A. Information concerning the child: (completed by parent or guardian)

1. Child's full name _____

2. Date of Birth _____ Grade _____ Age _____ Sex: Male ____ Female ____

3. Parent/Guardian Name _____ Home Phone _____
   Cell Phone _____
   Work Phone _____

4. Date child moved into the resident's address _____

5. State residence and with whom child resided for the past five years immediately preceding the date of this application _____
   _____
   _____

6. What is the name and address of the school most recently attended by the child?
   _____
   _____
   _____

7. Will the child be claimed as a dependent on the resident's Federal and State Income Tax Returns during the time she/he resides with the applicant? Yes_____ No_____

   If no, set forth the name and address of the person who will claim the exemption for the child
   _____
   _____

B. Questions concerning the parent(s) and family of the child: (completed by parent or guardian)

1. Name and address of the child's father _____
   _____
   _____

2. Occupation of father and name and address of his employer _____
   _____
   _____

3. Name and address of the child's mother _____
   _____
   _____

4. Occupation of mother and name and address of her employer _____
   _____
   _____

5. Marital status of parents
_____ married _____ divorced _____ separated _____ widowed _____ unmarried single

If parents are divorced or separated, who has legal custody of the child?_____

6. Name, address and age of any brother(s) or sister(s) of the child _____
_____
_____
_____

7. Name and address of the school(s) each of the brother(s) or sister(s) will attend this year_____
_____
_____
_____

8. Set forth in detail all reasons why neither parent is capable of caring for the child who seeks admission to the school district (If not applicable, please fill in NA) _____
_____
_____
_____

_____	_____
Signature of Parent/Guardian	Signature of Parent/Guardian's Spouse
_____	_____
Print name of Parent/Guardian	Print name of Parent/Guardian's Spouse

C. Questions concerning the resident making this application: (Completed by owner/renter of residence)

1. Name of the Applicant _____
Address of Applicant _____
Home Phone _____ Work Phone _____ Cell Phone _____

2. a. How long have you resided at this address? _____
b. If less than five (5) years, set forth all residences of applicant during the past five years –
_____
_____

3. Resident's relationship to the child _____

4. Explain the reason why child resides with the resident_____
_____
_____

As per registration process, please be sure <u>four</u> proofs of residency for this address are supplied at the time of registration.

I/We hereby declare that all answers, statements and declarations set forth in this application are true.

_____	_____
Signature of Resident	Signature of Resident's Spouse
_____	_____
Print name of Resident	Print Name of Resident's Spouse