



West Windsor-Plainsboro Regional School District

Phone: (609) 716-5000
Fax: (609) 716-5555

PARENT'S STATEMENT OF RESIDENCY

I am the _____ of _____.
(Mother or Father) (Child's Name)

I currently live and reside at _____
(Street Address) (Apt. No.)

_____. This postal address is in West Windsor/Plainsboro Township.
(Town) (Zip) (Circle one)

My child resides with me at that address. I submit the following proof of my residence:

- | | |
|-----------------------------------|------------------------------|
| _____ Copy of Executed Deed | _____ Copy of Executed Lease |
| _____ Signed Settlement Statement | _____ Affidavit of Title |
| _____ Other | _____ H.U.D. Settlement |
- (See cover page for additional information)

I do / do not maintain any other residence.
(Circle one)

If you do, give address of other residence and state why you are residing here instead.

In the event an investigation should disclose that my child is not entitled by law to attend the West Windsor-Plainsboro Regional School District free of charge, I understand that the child will be dis-enrolled, and that I will be held responsible for the costs of tuition to the district for any periods of unlawful attendance. Such tuition will be based upon the per pupil costs of education for the portion of the year in which the child was unlawfully enrolled.

I certify that the foregoing statements made by me are true. I am aware that if any of these statements are false, I will be subject to legal action.

DATE: _____

PARENT'S SIGNATURE: _____