Dr. Patricia Camp Superintendent of Schools pcamp@rahway.net



Kline Place P.O. Box 1024 Rahway, NJ 07065 (732)396-1000

RESIDENCY – SPECIAL CIRCUMSTANCES AFFIDAVIT

I. owr	n or properly lease the property	, at	
I, OWI (Print first & last name of property owner or tenant)	I of property fease the property	(Print street	address)
The following people are residing with me at	this address:	Relationship:	
1			
2			
3			
4			
5			
6			
I attest that the individuals noted above are instudents of the Rahway Public Schools are liver appropriate tuition costs. I accept that if I fraudulently allow a child of custody of a child, I may be charged with a did will assume full liability and responsibility accepts incurred by the Rahway Board of Education or a court of competent jurisdiction statements.	another person to use my mail lisorderly persons offense, per for the payment to the Rahway ation related thereto in the even, that the statements I have many	they are not, I will be ling address, or fraudu N.J.S.A. 18A:38-1 (c). Public Schools of all nt it is determined by tade in this affidavit are	lently claim to have legal fees and court he Commissioner of e willfully false
(Signature of property owner or tenant)	(Address, if different from abo	ove)	(Phone Number)
	STATE OF NEW JERSE COUNTY OF UNION	Y	
The above named party appeared before roof, 20, and I cor having provided the answers given therein affixed their signature before me the day a	nfirmed that he/she knew the n as his/her own act, she/he	e contents of the abo	ve affidavit, and
		(Notary pub	lic)