



West Orange Public Schools

179 Eagle Rock Avenue
West Orange, New Jersey 07052

Registration Department

(973) 669-5400 ext. 20505 Fax: (973) 324-1289

CERTIFICATE OF RESIDENCY: RENTER

To be Completed by Tenant (Please Print)

Parent/Guardian Name _____

Address _____

Telephone _____ Cell _____ Work _____

Student Name (s) _____

Do you reside at the above address? _____ Date moved in _____

Former address _____

Documents required to accompany this Certification: Please submit a signed and notarized Statement of Landlord, one (1) Proof of Tenancy, plus two (2) **current** public utility bills as proof of address:

Statement of Landlord: _____ Proof of Tenancy: _____ Lease _____ Rent Receipt _____ Letter _____

Proof of Address: PSE&G _____ Cable/Satellite _____ Water _____

Telephone/Mobile Phone: _____ Other _____

I/we affirm that I/we am/are the custodial parent(s) and/or guardian(s), of the student(s) listed above. I/we further state that this form and the attached documentation constitute true and accurate proof that the student(s) identified reside with me/us within the Township of West Orange. If any student named ceases to live with me/us, or if I/we move my/our residency, I/we will promptly notify the Board of Education in writing.

I/we certify that the foregoing statements made by me/us are true. I/we am/are aware that if any of the foregoing statements made by me/us are false, I/we am/are subject to punitive action. (N.J.S.A. 2C:28-2 and West Orange Municipal Ordinance #2028-05).

PLEASE SIGN AND HAVE THE FOLLOWING STATEMENT NOTARIZED:

I certify that the information provided above is correct. I fully understand that I will be held responsible for the full payment of tuition for all days of ineligible attendance, if the residency requirements have been found to be falsely reported.

Pre-K & Kindergarten \$15,585 Grades 1-5 \$18,268 Grades 6-8 \$18,607 Grades 9-12 \$18,678

Signature of Parent/Guardian _____

NOTARY:

Sworn and subscribed before me on this _____ day of _____ month, 20____ Year _____

Signature of Notary Public of New Jersey

My Commission Expires

(Place Seal Here)

Signature of Staff Member Reviewing Residency