

MOUNT HOLLY TOWNSHIP SCHOOLS
MOUNT HOLLY, NEW JERSEY

CENTRAL REGISTRATION AFFIDAVIT

Re: _____
Student's Name

I _____, have been informed by the Mount Holly Township School District Central Registration Office that I can only register students in this district if I am the parent and/or legal guardian of the above student.

Signing this form implies that I have stated to Registration Officials that I am the current parent and/or legal guardian of _____ and that I am aware that I am being allowed to register under that assumption, and that this registration can and will be terminated if this fact is found to be untrue at any time, and that if there is a change of guardianship, I must report it to this office immediately.

I am aware that any person who makes a false statement or permits false statements to be made concerning residence for the purpose of allowing non-resident students to attend Mount Holly Township Schools, commits a disorderly persons offense pursuant to N.J. 18A:38-1.

I hereby authorize the Mount Holly Township School District to investigate and confirm any and all statements by me in this affidavit.

Signature of Adult Registering Student)

Date

Sworn to and subscribed Before me this _____ day of _____, 20____,

(Signature of Notary)