HOST FAMILY AFFIDAVIT
Cinnaminson Township School District
2195 Riverton Road
Cinnaminson, NJ 08077
856-829-7600

AFFIDAVIT to be completed by Host Family domiciled in Cinnaminson Township.

Host family must provide one of the following: Rental Agreement, settlement papers or mortgage statement. They must also provide as proof of residency 3 of the following that show their name and Cinnaminson address: Tax bill, utility bill, driver’s license, Court Order Custody, Auto Registration, Insurance document, bank statement, voter registration.

Parents residing with Host Family: ____________________________________________________________

Names of students residing with Host Family: ____________________________________________________

________________________________________________________________________________________

I, ___________________________________________, residing at _____________________________ (Street Address)

Cinnaminson, NJ do solemnly swear that Mr/Mrs/Ms. ___________________________________________ are living in

my home. This arrangement is temporary/permanent. If temporary, it is expected to terminate on __________________________ (Date)

(circle one)

This affidavit is made in order to induce the Board of Education of the Township of Cinnaminson to admit the aforesaid child/children to attendance, free within the school district, knowing that the said Board of Education is relying upon the truth of each statement made herein in admitting the aforesaid student(s) into the school system. I understand that the district is relying on the statements I have made in this affidavit. I further understand that:

1. If any of the statements I have made are false, I am subject to criminal prosecution for false swearing under the Code of Criminal Justice. The crime of false swearing is a crime of the fourth degree. A person who has been convicted of the crime of false swearing may be sentenced to a term of imprisonment not to exceed 18 months and to the payment of a fine not to exceed $7500.00; and

2. In the event the Board challenges any of the statements I have made, and it is determined that the child/children is not eligible, I will be obligated to pay the Cinnaminson School District for all days of illegal attendance. Tuition shall be based on actual costs per pupil, and shall include school programs and enrichment programs. ____________________________

(Initial)

VERIFICATION

I, ___________________________________________, being of full age, do solemnly swear: That I have read and understand the foregoing affidavit and that the foregoing statements made by me in the affidavit are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to criminal prosecution.

_________________________________________ (__________) ___________ - __________________

Host’s Signature Host’s Daytime Phone Number

Sworn and subscribed before me this ______________ day of ________________________, 20__

__________________________
A Notary Public of New Jersey
Rev 02/2019
PARENTS RESIDING WITH HOST FAMILY AFFIDAVIT
Cinnaminson Township School District
2195 Riverton Road
Cinnaminson, NJ 08077
856-829-7600

AFFIDAVIT to be completed by parents residing with Host Family domiciled in Cinnaminson Township.

Student Name: ___________________________ DOB: ___________ Grade: ___________

Mother’s Name: ___________________________ Father’s Name: ___________________________

Current Address: ___________________________ Current Address: ___________________________

Daytime Phone: (_______) __________-_________ Daytime Phone: (_______) __________-_________

Former Address: ___________________________ Former Address: ___________________________

Host Address: ___________________________

Relationship of Host to Student: ___________________________ # of Years Host has known family: ___________

Reason that parent (student’s primary caregiver) and student are living with host family (be specific):

__________________________________________________________________________________________

__________________________________________________________________________________________

Last school attended by child: ___________________________ School district: ___________________________

City & State: ___________________________ School Year & Grade: ___________________________

I understand that:
1. If any of the statements I have made are false, I am subject to criminal prosecution for false swearing under the Code of Criminal Justice. The crime of false swearing is a crime of the fourth degree. A person who has been convicted of the crime of false swearing may be sentenced to a term of imprisonment not to exceed 18 months and to the payment of a fine not to exceed $7500.00; and
2. In the event the Board challenges any of the statements I have made, and it is determined that the child is not eligible, I will be obligated to pay the Cinnaminson School District for all days of illegal attendance. Tuition shall be based on actual costs per pupil, and shall include school programs and enrichment programs. _____________________.

VERIFICATION

(Initial)

I, ___________________________ and ___________________________ being of full age, do solemnly swear: That I have read and understand the foregoing affidavit and that the foregoing statements made by me in the affidavit are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to criminal prosecution.

____________________________          ______________________________
Mother’s Signature                  Father’s Signature

Sworn and subscribed before me this ___________ day of __________________________, 20_____

____________________________
A Notary Public of New Jersey

Rev 02/2019