



LITTLE SILVER PUBLIC SCHOOLS

Mr. Eric Platt
Superintendent of Schools
124 Willow Drive, Little Silver, NJ 07739

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I, _____, residing at

(Complete Street Address)

Little Silver, New Jersey, swear that [list name(s)/age(s) of child(ren)]:

reside with me at the above residence, and that this statement is made in full conformity with the legal requirements of NJSA 18A:38-1b, that the child(ren)'s parents/guardians are not residing with me within the district for the purpose of receiving a free public education from the Little Silver District without added requirement of tuition payment.

I acknowledge that, in the event any of this information is false, I may be required to reimburse the Little Silver School District for tuition, pro-rated/ per child, for the duration of the child(ren)'s attendance.

Signature of Applicant (Resident)

Applicant's Proof of Identification/Residency

Relationship to Child(ren)

Sworn and subscribed before me this

_____ day of _____, 20____

Notary Public of New Jersey