



Galloway Township Public Schools
101 South Reeds Road
Galloway, New Jersey 08205
(609) 748-1250

VERIFICATION OF RESIDENCY

Re: _____
(Name of Pupil)

To Whom It May Concern:

_____ and _____
(Parent Name) Student Name)

Reside at my home at _____
(Address)

My Mailing Address is _____

This verification is provided so that student(s) named above may attend school in the Galloway Township School District.

This statement is made to induce the Board of Education to accept said child/children as a pupil in the Galloway Township School District, Atlantic County, New Jersey. In the event that the permanent residence of said child (children) and parent with me is changed, I will immediately notify the Board of the fact.

I UNDERSTAND THAT IF ANY OF THE STATEMENTS MADE BY ME ARE FALSE THAT I MAY BE HELD LIABLE IN A CIVIL SUIT FOR THE PAYMENT OF TUITION TO THE BOARD. I UNDERSTAND THAT THE COST OF SUCH TUITION DURING THE SCHOOL YEAR WILL BE _____ PER CHILD. I ALSO UNDERSTAND THAT IF ANY OF THE STATEMENTS MADE BY ME ARE FALSE, THAT I AM SUBJECT TO BE CRIMINALLY PROSECUTED FOR ASSISTING IN THE OBTAINING OF FREE PUBLIC SERVICES BY FRAUD.

(Print Name)
The notarized signature must be that
Of Homeowner

(Signature)

Sworn and Subscribed before me

This _____ day of _____, 20____

(Signature)