Lauren Schoen Interim Superintendent of Schools



395 West Saddle River Road, Upper Saddle River, New Jersey 07458 201-961-6500 (phone) ~ 201-961-9020 (fax)

## STUDENT REGISTRATION/DISTRICT RESIDENCY AFFIRMATION

In order to attend the schools of the Upper Saddle River School District, a child must reside within the District, per District Policy # 5111, residency requires the child's physical presence as an inhabitant of the district and the intention to reside within the district. Children who do not live within District boundaries are not eligible to attend District schools. (Note that a child's residence is generally presumed to be that of his/her parents or legal guardian.)

When you register your child, you are declaring to the District that the child is in fact a District resident, and intends to remain in the District. If you present an In-District address when registering the child, despite the child residing Out-of-District, we will take the steps necessary to remove the child from school and the District will seek to recoup imputed tuition and legal penalties.

It is the obligation of the parent/guardian to advise the District immediately if there is any change of address at which the child resides, or if there is a change in the custodial relationship to the child by a parent/guardian.

If you are unsure as to whether your child is a resident of the District, please contact Angie Griffin, at the Business Office at 201-961-6504.

I attest that all the information provided on the following registration form and other associated paperwork submitted concerning the residency of my child, including any asserted-as-binding custodial arrangement, is accurate. I understand that if I deliberately provide false or inaccurate information to the Upper Saddle River School District in order to gain admission to District schools, I may be committing a crime (disorderly person's offense) subject to prosecution. I also understand that I will be responsible for the payment of tuitionfor my child if he/she received educational services from the District to which he/she was not entitled because of nonresidency.

Date:		
Student's Name:	Date of Birth:	
Name of Parent/Guardian:		
Residence (Home Address) of Parent/Legal Guardian:		
Signature of Parent/Legal Guardian:		