

# Magnolia Public School

# Student Enrollment Residency Verification

In accordance with New Jersey State law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.

## SECTION 1 - PARENT AND CHILDREN INFORMATION

I/We \_\_\_\_\_ hereby attest that I/We currently reside at:

Name of Parent(s)/Guardian(s)

Street Address

Town/State/Zip

I/We attest that the children listed below live at the address provided above.

Name of School-aged Child(ren)	Grade		Name of School-aged Child(ren)	Grade
_____	_____		_____	_____
_____	_____		_____	_____

Please indicate which situation best describes the student's CURRENT residence:

\_\_\_\_\_ 1. Staying with friends or family by choice

\_\_\_\_\_ 2. Student lives with parent/guardian/self in a family member's or friend's home due to economic hardship or family crisis situation **\*\*Fill out page 2 and 3 of this form as well\*\***

\_\_\_\_\_ 3. Student was placed in home by DCP, Foster Care or similar agency

Agency \_\_\_\_\_ Case Manager Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## SECTION 2- HOMEOWNER OR TENANT VERIFICATION

I, \_\_\_\_\_, hereby attest that I am the Property Owner or Lessee (Renter) of the Residence

Property Owner/Lessee (Renter) of the Residence

located at \_\_\_\_\_ The above mentioned child(ren) is/are living on a permanent basis

Address, Town, State, Zip

at the above address.

Homeowner/Lessee Signature

Date

Phone Number

## SECTION 3- SIGNATURE AND NOTARY

I assume responsibility for notifying Magnolia Public School (MPS) should the above-described circumstances change. I am aware that the facts as stated are subject to investigation, and should it be determined that the above statements are not true, either Now or in the future, my child(ren) will be disenrolled and referred to register at their verified home address. In addition, MPS, may charge tuition for time attended up to \$19,000/year. I have read the above conditions of this affidavit, and I verify that the statements made herein are true and correct based upon my personal knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

## NOTARY ONLY

Subscribed and sworn to me \_\_\_\_\_

Name of Notary Public

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC  
STAMP HERE

# Magnolia Public School

## Determination of Homeless Status

### McKinney-Vento Homeless Assistance Act

**\*\*Fill out this page if you checked above option "2. Student lives with parent/guardian/self in a family member's or friend's home due to economic hardship or family crisis situations"**

#### SECTION 4 - MKV Information

I, \_\_\_\_\_, swear that the following is true:  
Name of Parent(s)/Guardian(s)

On \_\_\_\_\_, I moved into Magnolia due to a loss of housing, economic hardship or similar reason, I am currently unable to  
Date (mm/dd/yy)

provide a permanent residence of my own. I am temporarily staying in the home of \_\_\_\_\_.  
Name of Homeowner or Lessee (Renter)

My previous address was: \_\_\_\_\_.  
Street Address, Town, State, Zip

I moved from this address because (provide detail):  
\_\_\_\_\_  
\_\_\_\_\_

What were the living accommodations at your previous address:

☐ Owned a home - Parent/Guardian's name was listed on the mortgage  
☐ Rented a home - Parent/Guardian's name was listed on the lease  
☐ Lived with friend of family member  
☐ Other

Name of School-aged Child(ren)	Grade	Was Enrolled in School Previous	Name of Previous School (if applicable)	Address of Previous School (if applicable)
_____	_____	Yes/No	_____	_____
_____	_____	Yes/No	_____	_____
_____	_____	Yes/No	_____	_____
_____	_____	Yes/No	_____	_____

**Where is the student presently living (check one)**

☐ In a motel  
☐ In a homeless shelter  
☐ Doubled-up with family or friends  
    • Including your family, are there 3 or more families living in the home? \_\_\_\_Yes \_\_\_\_No  
☐ Other - List here: \_\_\_\_\_



Site: \_\_\_\_\_

**GLOUCESTER COUNTY SPECIAL SERVICES SCHOOL DISTRICT****1340 TANYARD ROAD • SEWELL, NJ 08080**  
**TELEPHONE: (856) 468-6530 x1053 • FAX: (856) 468-0851****McKINNEY-VENTO REGIONAL EDUCATION PROGRAM****FOR STUDENTS IN GLOUCESTER, CAMDEN, ATLANTIC, AND BURLINGTON COUNTIES**

This is to verify that for as long as my child(ren) is/are eligible for Gloucester County Special Services School District McKinney Education Program services, I give permission to the district staff or representatives to provide supplemental instructional health and supportive services to my child(ren).

<i>Name</i>	<i>Gender</i>	<i>Date of Birth</i>	<i>Local Student I.D. NJ Smart (SID)</i>	<i>School</i>	<i>Grade</i>

I am willing to assume full responsibility for my child(ren)'s safety in connection with McKinney Education-funded or related activities.

I also hereby authorize the public or private school district to release to the Gloucester County Special Services School District McKinney Program all records relating to my child(ren), including academic, health and dental information.

_____ <b>Signature of Parent/Guardian</b>	_____ <b>Date</b>
--	----------------------

**Parent's/Guardian's Names:** \_\_\_\_\_**Present Address:** \_\_\_\_\_**Present Phone Number/email address:** \_\_\_\_\_**School District:** \_\_\_\_\_

The McKinney-Vento Program may be able to provide assistance in the following areas. Please check areas of need, if any:

\_\_\_ **Backpack/School Supplies**\_\_\_ **Temporary Transportation to/from School**\_\_\_ **Tutoring**\_\_\_ **Counseling Referral**\_\_\_ **Advocacy Services**\_\_\_ **Declined McKinney-Vento Services**