

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT

RESIDENCY DECLARATION

I _____ hereby swear under penalty of law that the documentation that I am providing is true and accurate.

I further declare that _____ is domiciled (living with) me in the Borough of Cliffside Park and is declared as a dependent on my income tax return.

Signature

Please Print Name

Dated:

Witnessed By:

Dated: