## NEW HORIZONS COMMUNITY CHARTER SCHOOL

45-59 Hayes Street, Newark, NJ 07103

Office: 973.848.0400 Fax: 973-596-0984

Memorandum To:	Newark Public Schools Residency Verification   F 765 Broad Street Newark, NJ 07102	PERFS Division
From:	Dr. Stephen Webb, Princi New Horizons Communit	•
Date:	Today's Date:/	
Subject:	[Date of Birth]	
This letter notifies you t	hat a Domicile Affidavit has been	filed by:
Parent/Guardian:	Print	Parent Signature
Resident's Address:	[Print Resident Name] [Street Address] [Newark, NJ Zip Code] [Contact Number]	Resident Signature

The student's enrollment at **New Horizons Community Charter School** is approved provided all other registration requirements are satisfied.

Note: This memorandum shall be placed on file in the school as part of the student's permanent record and is valid for one (1) school year.

<sup>\*\*</sup>As part of the registration process, you must submit proof of age within the next thirty (30) days\*\*

## DOMICILED STUDENT AFFIDAVIT PURSUANT TO N.J.S.A. 18A: 38-1

I, [Resident Name]	, reside in the city of Newark, New Jersey and
am supporting the following student(s), [Student	Name(s), in my
	ot solely bound by the school year. I attest that the
student is residing with me for reasons of family	or economic hardship, and not solely for the purposes
•	hat this is a sworn statement and that false swearing is
a crime of the fourth degree punishable by fine ar	<del>-</del>
Resident Signature	
•	
Sworn to and subscribed before me on:	
[Today's Date]	
Notary Public Signature	
State of New Jersey	

[Press Seal Here]