cranford, County at Unio CRANFORD PUBLIC SCHOOLS the Township of County at Unio CRANFORD PUBLIC SCHOOLS

AFFIDAVIT OF RESIDENCY On the torning the displacement which is Crowlerd Reard of Foundation should the or

(Name of Resident Parent)	(Legal Address)
hereby make affidavit for my son/daughte	r
to attend the Cranford Public Schools.	(Signature of Resident Parent)
I.	, make this Affidavit that I am
a legal resident of Cranford, New Jersey, ir and the Rules and Regulations of the Com	
	, in the Township of
Cranford, County of Union. My home telep	phone number is
	Revised 11/200
I understand that I am responsible for the t determined annually by the Cranford Boar	
set forth in N.J.S.A. 18A:38-1 be determined	to have been violated.
I CERTIFY THAT THE FOREGOING STATEMENT UNDERSTAND THAT IF ANY OF THE FOREGOI AM SUBJECT TO PUNISHMENT AND/OR REPARA	S MADE BY ME ARE TRUE. I NG STATEMENTS ARE WILLFULLY FALSE, I
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