



Matawan-Aberdeen Regional School District

One Crest Way, Aberdeen, New Jersey 07747
(732) 705-4000 Fax (732) 705-4095

Joseph J. Majka, J.D.
Superintendent of Schools

APPLICATION FOR ADMISSION OF DOMICILE STUDENT

Resident Name: _____
(Resident: name of person who owns/leases property)

This **notarized** Document serves as notification to the Matawan-Aberdeen Board of Education that

(List of all domicile family members living with resident)

Reside in my home, located at: _____
(Please print full address)

As such, I am providing proofs of address as follow:

Resident Family – four (4) proofs of residency as noted below:

- Mortgage Statement/Deed, or Current Lease Agreement
- Three (3) additional acceptable proof of residence as noted below:
 - a. Utility Bills (Gas, Water, Electric)
 - b. Tax bill, telephone bill, bank statement, cable bill, medical bill, insurance bill, correspondence from the county of special services

Domicile Family – two (2) proofs of residency as noted below:

- Bank statement, medical statement or invoice, medical reports, benefit reports, or state/county reports
- Driver’s license (with current address), pay stub, car insurance bill
- Other

This application is submitted for the purpose of inducing the Matawan-Aberdeen Regional School District Board of Education to accept or continue to enroll the above mentioned students on a tuition free basis. I state that the information contained on this application is true and accurate and acknowledge that the Matawan-Aberdeen Regional School District will rely upon the truthfulness and accuracy of this information. If any of the statements contained in this affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will remain subject to all other obligations and/or liabilities imposed by law. Investigation and random visits by the District Attendance Officer should be expected.

Student Name: _____

School: _____

Resident Phone # _____

Parent/Guardian Phone # _____

(Notary Seal/Signature/Date Here)

Resident’s Signature

Parent/Guardian Signature