



This form should only be completed by the homeowner or lease holder of the property.

a. In the event the Board challenges any of the statements I have made, and it is determined that the student is not eligible to attend the public schools in South Brunswick, I will be obligated to pay the Board tuition for all days of illegal attendance (N.J.S.A. 18A:38-1(b)). Tuition will be based on actual costs per pupil, and will include tuition for regular school year programs, summer school programs and enrichment programs. _____(initial)

b. If any of the statements I have made in this registration process are false, I am subject to criminal prosecution for false swearing under the Code of Criminal Justice (N.J.S.A. 2C:28-2(a)). The crime of false swearing is a crime of the fourth degree. A person who has been convicted of the crime of false swearing may be sentenced to a term of imprisonment not to exceed 18 months (N.J.S.A. 2C:43-6 (a)(4)) and to the payment of a fine not to exceed \$7,500.00 (N.J.S.A. 2C:43-3(b)). _____(initial)

c. Pursuant to N.J.S.A. 18A:38-1(c), any person who fraudulently allows a child of another person to use his residence and is not the primary financial supporter of that child and any person who fraudulently claims to have given up custody of his or her child to a person in another district commits a disorderly persons offense under the Code of Criminal Justice. A person who has been convicted of a disorderly persons offense may be sentenced to a fine not to exceed \$1,000.00 (N.J.S.A. 2C:43-(c)) and to imprisonment for a definite term not to exceed 6 months. (N.J.S.A. 2C-438). _____(initial)

d. I understand and acknowledge that if necessary, the South Brunswick School District employs residency officers to investigate and verify the residencies of any students enrolled in the District. _____(initial)

e. If the circumstances of this Totality Registration changes at any time, I will notify the district immediately. _____(initial)

South Brunswick Resident Signature _____ Date _____

South Brunswick Resident Printed Name	Date
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Street	City	State	Zip
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