

8. I understand that the Byram Township School District will rely upon the statements contained herein to permit the aforementioned child to attend school in the Byram Township School District.
9. I certify that the statements contained in this Affidavit are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I may be liable for criminal and/or civil penalties.

[Print name]

Parent/guardian

Sworn and subscribed to :
before me this ____ day :
of _____, 20 ____ :

Notary of the Public
State of New Jersey