



**WASHINGTON  
TOWNSHIP  
SCHOOL DISTRICT**

**BRASS CASTLE SCHOOL**  
16 Castle Street  
Washington, NJ 07882  
908.689.1188  
Jessica L. Garcia, PRINCIPAL

**DISTRICT CENTRAL OFFICE  
OLD SCHOOLHOUSE**  
One East Front Street  
Washington, NJ 07882  
908.689.1119  
Keith T. Neuhs, SUPERINTENDENT

**PORT COLDEN SCHOOL**  
30 Port Colden Road  
Washington, NJ 07882  
908.689.0681  
Jessica K. McDonagh, PRINCIPAL

## STUDENT RESIDENCY VERIFICATION FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian (Circle One): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

1. Do you own your own home in Washington Township and reside therein? \_\_\_\_\_
2. Are you living in a rented home or apartment? \_\_\_\_\_
3. If you answered "No" to number 1 and/or 2 above, please indicate what other living arrangements you have in Washington Township. \_\_\_\_\_

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. <b>Own Home:</b> Please provide <b>one</b> of the following:           <ol style="list-style-type: none"> <li>a. Copy of Deed, mortgage statement, or tax bill</li> <li>b. Recent utility bill</li> </ol> </li> <li>2. <b>Rent Home or Apartment:</b> Please provide <b>one</b> of the following:           <ol style="list-style-type: none"> <li>a. Copy of lease for current year or notarized letter from the landlord establishing all residents living at the address indicated.</li> <li>b. Recent utility bill</li> </ol> </li> <li>3. Other Arrangements: Affidavit required (See Attached)</li> </ol> | <b>SCHOOL USE:</b><br>_____<br>_____<br>_____ |
|---|---|

I hereby certify that the information I provided is correct.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registrar

\_\_\_\_\_  
Date