

OXFORD CENTRAL SCHOOL

17 Kent Street

Oxford, N.J. 07863

908-453-4101

www.oxfordcentral.org

Mr. Robert Magnuson
Chief School Administrator

Ms. Nancy DeRiso
Business Administrator

Oxford Central School Students are C.O.R.R.E.C.T.

Proof of Residency Certification

Registration Date: _____

I/We _____, parent/guardian of _____
(Print Parent/Guardian's Name) (Print Student's Name)

Affirm that I/We reside in the town of Oxford at the property located at:

_____, Oxford, N.J. 07863.

I certify that the address provided is my home that "is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere" and is where we return to each night. If the board of education finds this to be untrue, I understand that I will be liable for back tuition to be paid to the district.

Two of the following documents have been provided and copies attached as proof of residency:
(Note: If unable to provide documentation at time of registration, proof of residency information must be provided with thirty (30) days of the date of registration.)

_____ Current driver's license

_____ Current property deed, lease agreement or property tax bill

_____ Current utility bill

_____ Other – Please describe (other acceptable items may include pay stub from current employer showing property address, post office mailbox number showing property address, automobile registration, or voter registration card).

RJM



Office Use Only:

I _____ have reviewed the material(s) presented on _____ and
(Administrator's Signature) (Date)

Approve/ deny (circle one) the above named student's admittance to the Oxford Central School.
Original certification and copies of documentation are to e kept in students file.

Courage Optimism Respect Responsibility Empathy Citizenship Trustworthiness