

OXFORD CENTRAL SCHOOL
17 Kent Street
Oxford, N.J. 07863
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www.oxfordcentral.org

Mr. John Nittolo
Chief School Administrator

Dr. Nicholas Sarlo
Business Administrator

Mrs. Renee Hart
Director of Special Services

*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's Name) (Print Student's Name)

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

_____, Oxford, NJ 07863
(Property Address)

I _____ as the parent/guardian certify that the address provided is my home that "it 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 within 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 form from current employer showing property address, post office mail box number showing Property address, automobile registration, or voter registration card.)

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Office use only:

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

Approve / deny (circle one) the above named student's admittance to the Oxford Central School.