



## CALDWELL-WEST CALDWELL PUBLIC SCHOOLS CHANGE OF ADDRESS 2021-2022 SCHOOL YEAR

If your address has changed you must notify your child's school and provide updated proofs of residency.

To update your address, please complete the attached Domicile Statement and provide updated proofs of residency as outlined below. You can return the completed forms along with the proofs of residency to Kerry Ryan in the Harrison School or to your child's school's secretary.

Please email Kerry Ryan [keryan@cwcboc.org](mailto:keryan@cwcboc.org) or call 973-228-6979 ext. 3009 with any questions.

### A. Residency Requirements

#### **Proof of Residency:**

**1. If you rent your residence** you must provide the following:

- Completed **Domicile Statement**
- Completed and Notarized **Landlord Statement**
- Copy of **current Lease Agreement**
- **Original and one copy for our records** of **two** of the following additional items featuring your name and current address:
  - o Utility, Water or Cable bill
  - o Telephone/mobile phone bill
  - o Insurance bill
  - o Bank statement
  - o Recent pay stub
  - o Valid NJ driver's license

**2. If you own your residence** you must provide the following:

- Completed **Domicile Statement**
- **Original and one copy for our records** of **one** of the following: Deed to the home, property tax bill or mortgage statement
- **Original and one copy for our records** of **two** of the following additional items featuring your name and current address:
  - o Deed to the home, property tax bill, mortgage statement
  - o Utility, Water or Cable bill
  - o Telephone/mobile phone bill
  - o Insurance bill
  - o Bank statement
  - o Recent pay stub
  - o Valid NJ driver's license



**CALDWELL-WEST CALDWELL  
PUBLIC SCHOOLS  
DOMICILE STATEMENT**

**This form may be used for more than one child living at the same address.**

**In addition to this form you will need to provide the proofs of residency as outlined in the District's residency requirements.**

Student(s) Name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Do you have any intention of moving from this address in the near future? \_\_\_\_\_

If yes, when and to where are you moving? \_\_\_\_\_

Do you maintain residences elsewhere? \_\_\_\_\_

If yes, where are they located/when do you reside there? \_\_\_\_\_

Does the student reside with only one parent for the entire year? Yes No

If yes, with which parent, and at what address: \_\_\_\_\_

Are the student's parents domiciled in different districts? Yes No

If yes, regardless of which parent has legal custody, please answer the following:

1. Is there a court order or written agreement between the parents designating the district for school attendance? Yes No
2. If **yes**, where does it require the student attend school? \_\_\_\_\_

Please provide a copy of this document.

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# CALDWELL-WEST CALDWELL PUBLIC SCHOOLS STATEMENT OF LANDLORD

To be completed by the landlord of parents/guardians who are providing proof of residency for a rental.

I, \_\_\_\_\_, am the lawful owner or legal representative of the residential property located at the following address:

\_\_\_\_\_  
\_\_\_\_\_

This residential unit is currently under lease and occupied by – *please list occupants including parent(s)/legal guardian(s) and school-aged children:*

\_\_\_\_\_  
\_\_\_\_\_

From (date) \_\_\_\_\_ to (date) \_\_\_\_\_.

The answers provided above are absolutely true and entitles the child/children of the above named tenant to a tuition-free education in the Caldwell-West Caldwell Public Schools. I understand the above information is being relied upon by the Caldwell-West Caldwell Board of Education to determine a student’s residency in Caldwell or West Caldwell. I fully understand that any false answers provided above are subject, if proven false, to punitive action.

\*This document must be notarized by a Notary Public of the State of New Jersey. (See Below)

\_\_\_\_\_  
Landlord’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
City State

\_\_\_\_\_  
Cell Number

**\*Subscribed and sworn before me on \_\_\_\_\_ 20\_\_\_\_.**  
**(date)**

**Notary Seal**

\_\_\_\_\_  
**Notary Printed Name**

\_\_\_\_\_  
**Notary Signature**

**My Commission Expires: \_\_\_\_\_**