## **NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION**

1161 Route 130 North, Robbinsville, NJ 08691-1104 Phone 609-259-2776 ~ Fax 609-259-3047

## STUDENT-ATHLETE RESIDENCY AFFIDAVIT

Print Student's Full Name			Date	
l, depose	e and say:		, of full age, being duly sw	vorn to law, upon my oath
	I am the parent/legal guardian of the above	a listed student		
	I currently reside at:			
۷.	I have resided at the above address since:			
3.				
4.	4. Prior to moving to the new residence address listed above, I resided at the following address:			
5.	I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.			
6.	I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.			
7.	This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.			
	by certify that the forgoing statements are truy false, I am subject to punishment.	ue, and I am aw	are that if any of the forego	oing statements are
	Parent/Guardian Signature		Print Parent/Gua	ardian Full Name
STATE OF NEW JERSEY, COUNTY OF			The above-named affiant appeared before me, a	
notary	y public of the State of New Jersey, on the	day of	, 20	and I made known to
	er the contents of the above affidavit which was			
Notar	y Public:			

Copies of this Affidavit must be sent to the New Jersey State Interscholastic Athletic Association upon request