<u>PRO SE RESIDENCY APPEAL:</u> N.J.S.A. 18A:38-1/N.J.A.C. 6A:3-8.1/N.J.A.C. 6A:22

To: Commissioner of Education c/o Director, Office of Controversies and Disputes New Jersey State Department of Education 100 Riverview Plaza P.O. Box 500

Trenton, NJ 08625

If possible, please file your Residency Appeal by emailing it to:

ControversiesDisputesFilings@doe.nj.gov

If you are unable to file by email, Residency Appeals may be mailed.

Dear Commissioner:	(Please	Print or Type)	
1. My name is			
2. My address is:			
Number	Street	Town/City	Zip Code
3. My phone number is()		
	Code Number	r	
4. My email address is			
5. Thein			School District located
Town/City			County
will not allow the following ch List name(s) of child/ren and you			
6. Give a brief explanation Please attach, if possible, a copy			g date of district's decision. al sheets may be used.)
7. With this letter, I am appear which are true to the best of mabandoned or withdrawn this application, I may be assessed tuition assessment may be enforced, or a	ny knowledge. I un ppeal and/or that the on costs for the per	derstand that if the Come child/ren are ineligible iod of the child/ren's ine	missioner finds that I have for a free education in this ligible attendance and such
Signature		Date	