

**New Jersey Department of Education**  
**Hurricane Education Recovery Act**  
**Temporary Emergency Impact Aid for Displaced Students**

**Parent Application**

**Name of Parent/Guardian:**  
**Street/P.O. Box:**  
**City:**  
**County:**  
**State & Zip:**

**Name(s) of Children Enrolled**  
in this nonpublic school prior  
to December 30, 2005:

**Name of Nonpublic School:**  
**Street/P.O. Box:**  
**City:**  
**County:**  
**State & Zip:**

**Name of LEA (local educational**  
**agency** within whose boundaries  
this nonpublic school is located:

**ASSURANCES AND CERTIFICATION:**

I request the local educational agency named above make payments to Temporary Emergency Impact Aid Accounts on behalf of each of my children named above.

I certify I enrolled my children named above in this nonpublic school prior to December 30, 2005 (the date of enactment of the law authorizing Temporary Emergency Impact Aid for Displaced Students).

I certify my children named above were enrolled or were eligible to be enrolled in a school in an area for which the Federal Government later declared a major disaster related to Hurricane Katrina or Hurricane Rita and, as a result, are displaced students.

I certify a copy of my registration form is attached to this parent application.

I certify the nonpublic school has waived or reimbursed tuition for my children named above.

<b>Name of Parent/Guardian (Type or Print)</b>	<b>Signature</b>	<b>Date</b>