

UPPER MERION AREA SCHOOL DISTRICT
STUDENT SERVICES DEPARTMENT
450 Keebler Road, King of Prussia, PA 19406



MULTIPLE OCCUPANCY AFFIDAVIT, 24 PS § 13-1302

Instructions: Complete the following statements fully. **Section 1** should be completed by the resident of Upper Merion Area School District & **Section 2** should be completed by the Parent(s) of the child.

SECTION 1: FOR RESIDENT OF STUDENT TO BE ENROLLED IN UMASD

New Registration **Annual Verification** **Change in Address**

Resident(s) Full Name _____

Home Address _____ City _____ State ____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

I am a resident of Upper Merion Area School District, residing at the above address?

YES NO

Are multiple families permitted by the Upper Merion Township, Bridgeport Borough or West Conshohocken Borough to live in your dwelling under current zoning of your municipality?

YES NO

Will the family compensate you in anyway?

YES NO If yes, explain: _____

Will the family live with you continuously and not merely through the school term, including weekends, summer etc. (365 days per year)?

YES NO

Will you assume responsibility for the child(ren) of the family living with you?

YES NO

Date family began/will begin to reside in your home? _____

Your relationship to the family living with you? _____

Name of child(ren) living in the property:

Child's Full Name _____ DOB _____ Current Grade _____

Child's Full Name _____ DOB _____ Current Grade _____

Child's Full Name _____ DOB _____ Current Grade _____

Resident to attach the following documents:

1. Copy of the your deed, tax bill, settlement papers, current dated Lease (or) a letter from the landlord stating the individuals who reside at your address, the expiration date of your lease agreement and the landlords contact information.
2. Copy of your Driver's License

I/We attest that all information provided here is current and correct. I/We understand that if residency should change, for any reason, it is the responsibility of the guardian to notify the School District and amend the residence affidavit. Any false statements can and will be punishable by law.

I/We further understand and agree that I/we are aware of the legal consequences of providing false information in this sworn statement.

I/We further understand and agree that I/we bear responsibility to notify Upper Merion Area School District should any of the above circumstances change. I assume responsibility for notifying the Upper Merion Area School District – Student Services Department, 450 Keebler Road, King of Prussia, PA 19406, **immediately in writing**, should the above circumstance changes, and failure to do will subject me to civil and criminal penalties for fraud and false swearing.

I/We grant the Upper Merion Area School District permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, including tax authorities and residency investigators, as necessary to confirm factual accuracy. To further its investigation, the District may request additional documentation from parent to substantiate residency; this may include but is not limited to: a copy of a driver’s license, motor vehicle registration with address, copy of state and federal program enrollment documents with address, paycheck stub indicating address.

I/We further understand and agree that, should it be determined that the child is improperly or illegally attending Upper Merion Area School District schools, I/WE WILL BE RESPONSIBLE FOR THE ENTIRE COST OF TUITION in accordance with district Policy and the Public School Code of 1949 from the date on which the child began to improperly or illegally attend district schools.

Through my notarized signature, I/we grant the Upper Merion Area School District permission to investigate the above information that I/we have presented in this affidavit for confirmation and factual accuracy.

STOP * MUST SIGN IN FRONT OF A NOTARY *** STOP**

Signed: _____
Signature of Resident (1) Date

_____ Date
Signature of Resident (2)

Before me, the undersigned officer, **personally appeared** the above-named parent and guardian, who being duly sworn according to law, deposes and says that the facts set forth in the foregoing statement are true and correct

Sworn to and subscribed before me this _____ Day of _____, 20____

Notary Public

Notary Seal / Stamp

SECTION 2: FOR PARENT(S) OF STUDENT TO BE ENROLLED IN UMASD

(Information in this section must be completed and signed by all parents listed on the child's birth certificate)

Parent (1) Full Name _____

Home Address _____ City _____ State ____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Parent (2) Full Name _____

Home Address _____ City _____ State ____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Name of child(ren) to be enrolled in District:

Child's Full Name _____ DOB _____ Current Grade _____

Child's Full Name _____ DOB _____ Current Grade _____

Child's Full Name _____ DOB _____ Current Grade _____

Child's Full Name _____ DOB _____ Current Grade _____

Parent(s) to attach the following documents:

1. Copy of your Driver's Licenses

I/We attest that all information provided here is current and correct. I/We understand that if residency should change, for any reason, it is the responsibility of the guardian to notify the School District and amend the residence affidavit. Any false statements can and will be punishable by law.

I/We further understand and agree that I/we are aware of the legal consequences of providing false information in this sworn statement.

I/We further understand and agree that I/we bear responsibility to notify Upper Merion Area School District should any of the above circumstances change. I assume responsibility for notifying the Upper Merion Area School District – Student Services Department, 450 Keebler Road, King of Prussia, PA 19406, **immediately in writing**, should the above circumstance changes, and failure to do will subject me to civil and criminal penalties for fraud and false swearing.

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Through my notarized signature, I/we grant the Upper Merion Area School District permission to investigate the above information that I/we have presented in this affidavit for confirmation and factual accuracy.

STOP * MUST SIGN IN FRONT OF A NOTARY *** STOP**

Signed: _____	_____
Signature of Parent (1)	Date
_____	_____
Signature of Parent (2)	Date

Before me, the undersigned officer, **personally appeared** the above-named parent and guardian, who being duly sworn according to law, deposes and says that the facts set forth in the foregoing statement are true and correct

Sworn to and subscribed before me this _____ Day of _____, 20____

Notary Public

Notary Seal / Stamp