



WALLINGFORD-SWARTHMORE SCHOOL DISTRICT REGISTRATION

200 S PROVIDENCE RD, WALLINGFORD, PA 19086-6334 610-892-3470 X 1506

APPLICATION FOR MULTIPLE OCCUPANCY REGISTRATION

Dear Parent/Guardian:

If you are currently, or will be, residing with a family within the Wallingford-Swarthmore School District you must submit the attached Multiple Occupancy Affidavits. **The affidavits must all be notarized.**

These affidavits and all necessary documents must be submitted and approved at your registration appointment in order for the child(ren) to attend the Wallingford-Swarthmore School District.

Please be advised that all parties concerned in Multiple Occupancy Affidavits must do the following:

- Complete the information within the affidavit, and have all three pages signed and notarized.
- If the residence is owned, have the homeowner of record supply the District with a deed, current tax bill, or mortgage statement, as well as a current utility bill.
- If the residence is a leased property, the lessee must provide the District with a lease and a current utility bill. **In addition to the attached three pages, they must also provide the District with notarized proof from the owner/lessor of record or his/her agent granting permission for the parties involved to reside at the residence, under what circumstances, and the expected duration. NOTE: ONLY THE OWNER OF RECORD OR HIS/HER AGENT CAN GRANT PERMISSION FOR THE PARTIES TO RESIDE IN A PROPERTY, A LESSEE CANNOT.**
- The parent(s) of the child(ren) must also show proof of residency at the address listed on the affidavit. Acceptable forms of proof include Pennsylvania Driver's License or PA State ID Card. This is mandatory and must be in our possession when the affidavit is filed. They may also be required to submit additional proof of residency such as a utility bill, bank statement, or other qualifying documentation.

The burden of proof for establishing current legal residency is yours. Please come to the appointment well prepared to do so. Please be advised that the submission of support affidavits will be required every year that your family is residing in the support affidavit situation.

Sincerely,

Derrick L. Clements
Educational Data Systems Manager/Registrar

Student First Name _____
Student Last Name _____



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SWORN STATEMENT FOR MULTIPLE OCCUPANCY REGISTRATION

(TO BE COMPLETED BY PARENT)
(Effective for One Year ONLY)

Pennsylvania law states that a child shall be accorded free school privileges by the school district in which his/her parent(s) reside. Since you are re-applying for registration of your child(ren) within the Wallingford-Swarthmore School District, you are requested to provide the names and ages of all individuals who reside at the residence where you live:

Name(s)	Age	Name(s)	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My child(ren) and I reside in the Wallingford-Swarthmore School District at the following location:

This property is owned or leased by:

I understand the owner/lessee of the above property is required to complete a Multiple Occupancy Certificate within five days to verify my residence. I further understand that if any information on this application proves to be false, the Wallingford-Swarthmore School District has the right to reject this application or to disenroll the student(s) from the School District if they are in attendance. Also, I will be responsible for the cost of tuition during the period of enrollment. I understand that the approximate cost of educating a child in the Wallingford-Swarthmore School District is **\$14,981.67** for the elementary level and **\$15,307.67** for the secondary level for the 2018-2019 school year.

I assume responsibility for notifying that Wallingford-Swarthmore School District should any change in my residency status occur.

All of the above statements are made under penalty of perjury as more fully set forth in 18 Pa.C.S.A. §4904.

Signature of Parent _____ Phone _____ Date _____

Sworn to before me, this
_____ day of _____.

Notary Public Seal

Witness my hand and notarial seal, the day and year first above written.

Notary Public: _____

My Commission expires: _____

(Registrar) (Effective Date)

Student First Name _____
Student Last Name _____



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MULTIPLE OCCUPANCY CERTIFICATE AFFIDAVIT

(TO BE COMPLETED BY OWNER/LESSEE)

(Effective for One Year ONLY)

I, _____, certify that I am the legal owner or lessee of the property located at _____ in the Wallingford-Swarthmore School District.

I further swear that the following persons are living on a permanent basis at the above address with me (include your spouse and children too):

Name(s)	Relationship to You	Name(s)	Relationship to You
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I assume responsibility for notifying the Wallingford-Swarthmore School District should the above information change.

I am aware that the facts as stated above are subject to investigation and, should it be determined that the above is not a true statement of fact either now or in the future, I am committing a summary offense and shall upon conviction for such violation be sentenced to pay a fine of no more than \$300.00 for the benefit of the School District or to perform up to 240 hours of community service, or both. In addition, I would then be liable to pay all court costs and shall reimburse the Wallingford-Swarthmore School District for the cost of tuition during the period of enrollment. I understand that the approximate cost of educating a child in the Wallingford-Swarthmore School District is \$14,981.67 for the elementary level and \$15,307.67 for the secondary level for the 2018-2019 school year.

All of the above statements are made under penalty of perjury as more fully set forth in 18 Pa.C.S.A. §4904.

Signature of Owner/Lessee _____ Phone _____ Date _____

Sworn to before me, this _____ day of _____.

Notary Public Seal

Witness my hand and notarial seal, the day and year first above written.

Notary Public: _____

My Commission expires: _____

Student First Name _____
Student Last Name _____



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AUTHORIZATION AND VERIFICATION AGREEMENT

(TO BE COMPLETED BY OWNER/LESSEE)

(Effective for One Year ONLY)

PLEASE NOTE: A PERSON WHO KNOWINGLY PROVIDES FALSE INFORMATION IN THIS SWORN STATEMENT FOR THE PURPOSE OF ENROLLING IN A SCHOOL DISTRICT FOR WHICH THE CHILD IS NOT ELIGIBLE COMMITS A SUMMARY OFFENSE AND SHALL UPON CONVICTION FOR SUCH VIOLATION BE SENTENCED TO PAY A FINE OF NO MORE THAN \$300.00 FOR THE BENEFIT OF THE SCHOOL DISTRICT IN WHICH THE PERSON RESIDES OR TO PERFORM UP TO 240 HOURS OF COMMUNITY SERVICE, OR BOTH. IN ADDITION, THE PERSON SHALL PAY ALL COURT COSTS AND SHALL BE LIABLE TO THE WALLINGFORD-SWARTHMORE SCHOOL DISTRICT FOR THE COST OF TUITION DURING THE PERIOD OF ENROLLMENT. THE APPROXIMATE COST OF EDUCATING A CHILD IN THE WALLINGFORD-SWARTHMORE SCHOOL DISTRICT IS \$14,981.67 FOR THE ELEMENTARY LEVEL AND \$15,307.67 FOR THE SECONDARY LEVEL FOR THE 2018-2019 SCHOOL YEAR.

I, _____, do hereby give the Wallingford-Swarthmore School District authorization to contact any/all of the following to verify residency dependency, and authenticity of information given on the "Multiple Occupancy Certificate Affidavit" form bearing my signature.

1. Internal Revenue Service
2. Employer
3. Welfare Agency
4. Previous Landlord or current occupant of former address
5. Bureau of Motor Vehicles
6. U.S. Postal Service

Signature of Owner/Lessee _____ Phone _____ Date _____

Sworn to before me, this
_____ day of _____.

Notary Public Seal

Witness my hand and notarial seal, the day and year first above written.

Notary Public: _____

My Commission expires: _____

Student First Name _____
Student Last Name _____