

POTTSGROVE SCHOOL DISTRICT

Office of the Assistant Superintendent

CERTIFICATION MULTIPLE OCCUPANCY PROOF OF RESIDENCY

(To be completed by the resident who will be housing a non-resident on their property)

Date: _____

I, _____, certify that I am legal owner or lessor of the property with an address of _____. Proof of this ownership or leasehold is confirmed by DEED _____ LEASE _____ OTHER _____ (any 'other' confirming document is subject to prior District approval). I further swear that _____ and his/her child/children are living at the above address for the majority of the time. This arrangement is in compliance with the local zoning regulations. I assume responsibility for notifying the Pottsgrove School District should the above described circumstances 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 will be liable** for the payment of all tuition costs for those days of improper attendance in the amount of **\$66.49** per day (elementary) or **\$69.23** per day (secondary).

If the District determines that: (a) I have supplied false information to the District; and/or (b) the information that I provided ceases to be true and I have failed to inform the District of the change in circumstances prior to or at the time the change occurred, then in addition to or in lieu of civil proceedings for collection of non-resident tuition and/or exclusion proceedings, the District may refer the matter to appropriate law enforcement officials and/or initiate a private criminal complaint against me for unsworn falsification to authorities, theft of services, and/or any other applicable criminal offense.

Signature of Owner or Lessor:

Relationship of Owner or Lessor to Applicant:

Physical Address of Owner or Lessor:

Telephone: _____

SWORN TO AND SUBSCRIBED

before me this _____ day

of _____, 20_____.

Notary Public

Address

FOR INTERNAL USE ONLY:

Reviewed by: _____
for the Pottsgrove School District

Date: _____

For attendance purposes, this student shall be considered a:

_____ Non-Resident

_____ Resident

POTTSGROVE SCHOOL DISTRICT

Office of the Assistant Superintendent

APPLICATION FOR MULTIPLE OCCUPANCY REGISTRATION - PROOF OF RESIDENCY

(To be completed by the parent or legal guardian who will be residing with their children in the home of a resident)

Name of Child	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am the Parent or Legal Guardian of the above-named child(ren). My child(ren) and I live in the Pottsgrove School District for a majority of time in a home/apartment/room that is owned or leased by a Pottsgrove School District resident. I am aware that Pottsgrove School District will conduct neighborhood observations throughout the year to verify compliance with this condition. Should it be determined that this condition is not being met, **I will be liable** for the payment of all tuition costs for those days of improper attendance at **\$66.49 per day** (elementary) and **\$69.23 per day** (secondary).

If the District determines that: (a) I have supplied false information to the District; and/or (b) the information that I provided ceases to be true and I have failed to inform the District of the change in circumstances prior to or at the time the change occurred, then besides the **exclusion proceedings** and **civil proceedings for collection of non-resident tuition**, the District **may refer the matter to appropriate law enforcement** officials and/or initiate a private criminal complaint against me for unsworn falsification to authorities, theft of services, and/or any other applicable criminal offense.

An affidavit from the owner of this property will also be provided to the School District prior to the registration of my child(ren).

PLEASE COMPLETE BELOW

Signature: _____

Relationship to Child(ren): _____

Current address: _____

Prior address: _____

ALL APPLICATIONS ARE SUBJECT TO REVIEW.

A COPY OF THIS AFFIDAVIT MAY BE SUBMITTED TO THE INTERNAL REVENUE SERVICE.

***Tuition subject to change**

SWORN TO AND SUBSCRIBED

before me this _____ day
of _____, 20_____.

Notary Public

Address

TO NOTARY PUBLIC

Please indicate if the above identification matched:

Name
Address
Signature