

**Central York School District  
775 Marion Road  
York, PA 17402**

**AFFIDAVIT OF MULTIPLE OCCUPANCY FORM**

*Instructions: Please complete the following statement and have it notarized. All spaces must be filled-in completely and legibly. Incomplete statements will not be accepted.*

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

How many nights per week will/does child(ren) sleep in this property?

- 7 days per week?      Y or N (circle one)
  - School week only?    Y or N (circle one)
  - Weekends only?        Y or N (circle one)
  - Other:                    Y or N (circle one). Please explain schedule: \_\_\_\_\_
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1. I certify that I am the legal owner or lessee of the property indicated above, which is located in the Central York School District. *A copy of a purchase agreement, current lease rental agreement, rent receipt, property tax bill or similar documentation verifying residency must be attached to this Affidavit.*
2. I further affirm that the parent/guardian and child(ren) indicated above are living at the above address.
3. I assume responsibility for notifying the Central York School District should the above circumstances change.
4. I am aware that falsification of an affirmation is a misdemeanor of the third degree and that the punishment, therefore, is a fine of not more than \$2,500, or imprisonment for not more than one year, or both.

- 5. I further certify that I will notify Central York School District immediately in the event that the facts set forth herein shall no longer be correct or shall change.
  
- 6. I certify that I will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of the affidavit.

**NOTICE: The District reserves the right to conduct a reasonable investigation to verify the information submitted in this Statement. The investigation may include but is not limited to: unannounced home visits, interviews of the child, neighbors or other witnesses, and observation of the child’s bus stop and/or transportation to school. If you are not comfortable with the District investigating and verifying your responses, you should not submit this statement.**

**NOTICE: If you knowingly provide false information in this statement, the District will initiate legal action against you and pursue prosecution the fullest extent of the law. If found guilty, you may be sentenced to pay a fine of up to three hundred dollars (\$300) or perform up to two hundred forty (240) hours of community service, or both.**

**NOTICE: If this statement is found to be false, the parent/guardian will immediately become liable for all tuition due and the child(ren) involved will be withdrawn from enrollment in the Central York School District.**

\_\_\_\_\_ Date  
Owner or Lessee Signature

\_\_\_\_\_ Date  
Parent/Guardian Signature

Commonwealth of Pennsylvania     )  
  ) SS  
County of York    )

Before me, the undersigned officer, personally appeared the above-named owner/lessee and parent/guardian of the Central York School District, who being duly sworn according to law, deposes and says that the items set forth in the foregoing statement are true and correct.

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature and Seal of Executing Officer