



Department of Pupil Services
CENTRAL REGISTRATION

AUTHORIZATION AND VERIFICATION AGREEMENT

I, _____ do hereby give the Marple Newtown School District
(PLEASE PRINT) NAME OF RESIDENT/CARETAKER
authorization to contact any/all of the following to verify residency, dependency, and authenticity of
information, given on this form.

The below information is relative to the registration of the following student(s) in the Marple
Newtown School District.

(Please Print) Name(s) of student(s) to be registered above

- 1 Internal Revenue Service
- 2 Employer
- 3 Welfare Agency
- 4 Current Landlord/Agent or Homeowner
- 5 Previous Landlord/Agent or Homeowner
- 6 U.S. Postal Service
- 7 Bureau of Motor Vehicles

**BY SIGNING THIS VERIFICATION AGREEMENT, I CERTIFY THAT THE STUDENT
LIVES AT THE ADDRESS WHICH I CLAIM AS THE PLACE OF RESIDENCE IN MARPLE
OR NEWTOWN TOWNSHIP.**

Signature of resident/caretaker

SWORN TO AND SUBSCRIBED TO THIS DAY

Address

City Zip

Telephone Number / Cell

Notary Public Seal

Today's Date