



CENTRAL YORK SCHOOL DISTRICT

Pursuing Excellence: All Panthers. Every Day. In All Ways.

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 Full Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Parent/Guardian: _____

Name of Child(ren): _____

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

7 days per week?	Yes ☐	No ☐	Please explain schedule: _____
School week only?	Yes ☐	No ☐	
Weekends only?	Yes ☐	No ☐	
Other?	Yes ☐	No ☐	

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 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.



NOTICE: The District reserves the right to conduct a reasonable investigation to verify the information submitted in this Statement. This 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 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be false, the parent/guardian will immediately become liable for all tuition due, and the child(ren) involved will be withdrawn from enrollment in the Central York School District.

Parent/Guardian Signature: _____ Date: _____

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.

Signature and Seal of Executing Officer: _____