



Central Registration
601 N. Lansdowne Avenue
Drexel Hill, PA 19026
610-352-2400
www.upperdarbysd.org

A-301 APPLICATION FOR MULTIPLE OCCUPANCY REGISTRATION

This document and proof of residency will be required annually between April 1st and July 1st for the next school year.

Name(s) of Child(ren): _____

I (we) am the PARENT OR LEGAL GUARDIAN of the above child(ren), and I (we) reside in Upper Darby School District in a home/apartment that is owned or leased by an Upper Darby School District resident. An affidavit of the owner or lessor will be forwarded to the school district within 5 days attesting to our residence in the below described home/apartment. I (we) assume responsibility for notifying the school district should the above described circumstances change. I (we) certify that I (we) will cooperate with and be responsive to requests for information concerning the continuing validity of the affidavit.

I understand that if any information proves to be incorrect, the Upper Darby School District has the right to reject the application and remove the student from school district classes if attending, as well as collect tuition charges for the time the child has been enrolled.

I (WE) UNDERSTAND THAT IF I (WE) KNOWINGLY PROVIDE FALSE INFORMATION IN THIS AFFIDAVIT , I (W E) AM SUBJECT TO PROSECUTION FOR A SUMMARY CRIMINAL OFFENSE AND UPON CONVICTION, MAY BE SENTENCED TO A FINE OF NO MORE THAN \$300.00, AND THAT I (WE) WILL BE LIABLE TO THE SCHOOL DISTRICT FOR THE COST OF TUITION.

Those filing this sworn statement are hereby notified that if the statement is found to be false, they will immediately become liable for all tuition due and the child involved will be withdrawn from the Upper Darby School District. Tuition rates are estimated by the Business Office from time to time or as needed and posted on the School District website.

The facts set forth herein are true and correct to the best of my (our) knowledge, information, and belief.

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Sworn to and subscribed before me

this ____ day of ____, 20__

Address of Property in Upper Darby School District

NOTARY PUBLIC



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CERTIFICATION OF MULTIPLE OCCUPANCY

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A-302

Providing false statements on this form may be considered a third-degree misdemeanor and, in addition to other penalties, MAY BE SUBJECT TO A FINE OF \$1,000. 18 Pa. C.S. §4904.

I (We), _____, certify that I (we) am the legal owner or lessee of the property located at _____ which is located in the Upper Darby School District. I (we) further swear that

Names of Parent(s) and Children

are living on a permanent basis at the above address.

I (we) assume responsibility for notifying the school district should the above described circumstances change. I (we) certify that I (we) will cooperate with and be responsive to requests for information concerning the continuing validity of the affidavit.

I (WE) UNDERSTAND THAT IF I (WE) KNOWINGLY PROVIDE FALSE INFORMATION IN THIS AFFIDAVIT, I (WE) AM SUBJECT TO PROSECUTION FOR A SUMMARY CRIMINAL OFFENSE AND UPON CONVICTION, MAY BE SENTENCED TO A FINE OF NO MORE THAN \$300.00 AND THAT I (WE) WILL BE LIABLE TO THE SCHOOL DISTRICT FOR THE COST OF TUITION.

Those filing this sworn statement are hereby notified that if the statement is found to be false, they will immediately become liable for all tuition due and the child involved will be withdrawn from the Upper Darby School District.

The facts set forth herein are true and correct to the best of my (our) knowledge, information, and belief.

Sworn to and subscribed before me
this ___ day of _____, 20____

NOTARY PUBLIC

Signature of Homeowner/Property Owner

Signature of Lessee

Relationship to New Residents

Phone Number

This affidavit will need to be submitted annually between April 1st and July 1st for the next school year.



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Request for Release of Information to the School District

I (we) _____ authorize and request

Name of sending school/agency: _____

Address of sending school/agency: _____

(including city, state, and zip code) _____

Phone/fax of sending school/agency: _____

To release information regarding:

Name of student: _____ Birthdate of student: _____

Name of parent: _____

Please send the information to the following Upper Darby School:

School: _____

Address: _____

Phone: _____ Fax: _____

Please release the following information:

- Educational Information (School records) Registration
- Immunization Medical Information ER
- IEP/NOREP Psychological Evaluation Psychiatric Evaluation Neurological Evaluation Welfare Agency/HUD/Section 8 information
- Previous Landlord/Agent/Homeowner contact information
- Current Landlord/Agent/Homeowner contact information
- Any Agency, Company or Individual relative to any documentation or testimony presented to Upper Darby School District which is pertinent to the registration of the child(ren)
- Other (please specify) _____

Parent/Guardian Signature: _____ Date: _____

Homeowner/Lessee Signature: _____ Date: _____

Student Signature: _____ Date: _____

(for all records if student is 18 years or older)

Opportunity • Unity • Excellence

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