



Central Registration/
Department of Attendance Services

Voice: (610) 352-2400
Fax: (610) 352-5447

APPLICATION FOR MULTIPLE OCCUPANCY REGISTRATION (IF APPLICABLE)

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 Upper Darby School District within 5 days attesting to our residence in the below described home/apartment. I (we) assume responsibility for notifying the Upper Darby 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 the Upper Darby School District classes if attending, as well as collect tuition charges for the time child has been enrolled.

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the statement is found to be false, they will immediately become liable for all tuition due and child involved will be withdrawn from the Upper Darby School District.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

Sworn to and subscribed before me

this _____ day of _____, 20____

Signature of Parent/Legal Guardian

Address of Property in Upper Darby School District

Notary Public



UPPER DARBY Request for Release of Information to the District
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/parent/guardian) (birthdate)

*Please send the information to the following Upper Darby School:

School _____

Address _____

Phone _____ Fax _____

Please release the following information:

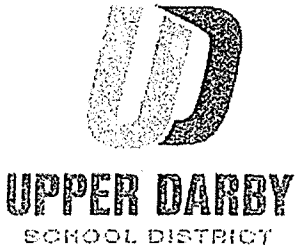
Educational Information (School records)
Registration
Immunization
Medical Information
ER
IEP/NOREP
Psychological Evaluation
Psychiatric Evaluation
Neurological Evaluation
Welfare Agency/HUD/Section 8 information
Previous Landlord/Agent/Homeowner contact information
Current Landlord/Agent/Homeowner contact 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)

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.**



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CERTIFICATION OF MULTIPLE OCCUPANCY (IF APPLICABLE)

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 Child(ren)

are living on a permanent basis at the above address.

I (we) assume responsibility for notifying the Upper Darby 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 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 Homeowner/Property Owner

Sworn to and subscribed before me

this _____ day of _____, 20____

Signature of Lessee

Relationship to new residents

Notary Public

Telephone Number



UPPER DARBY Request for Release of Information to the District
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/parent/guardian) (birthdate)

*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)