



**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 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 child has been enrolled.

I (WE) UNDERSTAND THAT IF I (WE) KNOWINGLY PROVIDE FLASE 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, UP TO 240 HOURS OF COMMUNITY SERVICE, OR BOTH, 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the statement is found to be false, they will immediately become liable for all tuition due and child involved will be withdrawn from the Upper Darby School District. Estimated tuition rates for the 2017-18 school year are as follows:

Kindergarten: \$4,733.53 Elementary: \$9,467.06 Secondary: \$9,198.06

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____

 Signature of Parent/Legal Guardian

 Signature of Parent/Legal Guardian

 NOTARY PUBLIC

 Address of Property in
 Upper Darby School District



Upper Darby School District

Request for Release of Information to the 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)

*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)



Upper Darby School District
Central Registration / Department of Attendance Services
 601 N. Lansdowne Avenue, Drexel Hill, PA 19026
 Phone: 610-352-2400 Fax: 610-352-5447 www.upperdarbysd.org

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) & Child(ren)

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 FLASE 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, UP TO 240 HOURS OF COMMUNITY SERVICE, OR BOTH, AND THAT I (WE) WILL BE LIABLE TO THE SCHOOL DISTRICT FOR THE COST OF TUITION.

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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__

 Signature of Homeowner/Property Owner

 Signature of Lessee

 NOTARY PUBLIC

 Relationship to new residents

 Telephone Number



Upper Darby School District

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