



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.

SUPPORT AFFIDAVIT OF RESIDENCY
(IF APPLICABLE)

CHILDREN LIVING WITH RESIDENT/CARETAKER OTHER THAN PARENT IN UPPER DARBY SCHOOL DISTRICT – TO BE COMPLETED BY RESIDENT/CARETAKER

The law of Pennsylvania states that a child shall be considered a resident of the school district in which his/her parents reside.

The law further states that if a child lives in the district with someone other than his/her parents, who are keeping the child gratis, as though he/she were their own, the child may be admitted to school as a resident child. The Board of School Directors may require the resident with whom the child lives to file a sworn statement as to the facts:

The Upper Darby Board of School Directors requires the filing of a sworn statement prior to admission of the child to school. The original of this affidavit must be submitted to the Secretary of the School Board prior to admission. Should the facts indicate that the applicant does not comply with the legal requirements, a notice will be sent to that effect and the child will not be admitted. Otherwise, admission will be granted.

I (We) will notify the Upper Darby School District immediately in the event that the facts set forth herein shall no longer be correct or shall change. I (We) certify that I (We) will cooperate with and be responsive to any requests for information or investigation concerning the continuing validity of this 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the statement is found to be false, they will immediately become liable for all tuition due and child involved will be withdrawn from the Upper Darby School District.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.

Name of Resident Caretaker _____

1. Do you reside in Upper Darby School District? Yes No

2. Where do you reside? _____

Telephone Number _____

3. You have resided continuously at the above address since _____

4. If less than a year, state previous address _____

5. What is the name of the child, not your own, who is living with you?

Name _____ Birthdate _____

Relationship to you (NONE if not related) _____

6. Where will the child live on weekends and after the school term is completed?

7. Are you supporting this child gratis as if he/she were your own? Yes No

If not, do you receive, have you received, or do you expect to receive any money or other aid, such as clothing, medical care, etc., for the child? Yes No

If yes, explain the source and purpose of compensation, indicating amount of money and/or value of other aid.

8. What are the names and addresses of the mother and father of the child?

Mother _____ complete address _____

Father _____ complete address _____

9. Do you intend to keep and support the child continuously, twelve months a year and not merely through the school term? Yes No

10. Will you assume all the personal obligations for the child relative to school requirements? Yes No

This sworn statement is made in conformity with the requirements of the Board of School Directors of the Upper Darby School District as a condition requisite to the accepting of the said child as a resident child of the Upper Darby School District, in accordance with terms, conditions, and provisions of the Act of Assembly of March 10, 1941, PL 30, and the amendments and supplements thereto, being Section 1302 of the Pennsylvania School Code.

Commonwealth of Pennsylvania, County of _____

On the _____ day of _____, A.D. _____, before me the subscriber, a Notary Public, in and for the Commonwealth of Pennsylvania, residing in the township of _____ personally appeared _____ and _____, who being duly sworn according to law, depose and say that the answers to all the questions above, and all statements made here are true, complete and correct.

Signature of Resident _____ Signature of Resident _____

Witness my hand and notarial seal, the day and year first above written.

Notary Public _____ My commission expires: _____

I (We), _____, parent(s) of _____, agree to the arrangements set forth above.

Mother's Signature

Father's Signature



Additional Information Regarding Support Affidavit of Residency

A copy of one (1) item in each category below must be presented to substantiate the assertions made in the resident's Support Affidavit of Residency.

The resident must submit the required documentation and Support Affidavit of Residency before the district is required to accept the student.

Category 1 - Signer is a District Resident

1. Current utility bill
2. Deed
3. Lease
4. Pennsylvania driver's license or identification
5. Pennsylvania vehicle registration
6. Property tax bill
7. Copy of state/federal program enrollment
8. Current credit card bill

Category 2 - Signer Is Supporting the Child Gratis

1. Copy of IRS form transferring tax exemption of child to resident
2. Copy of federal or state tax form that lists child as dependent of resident
3. Copy of completed county form or court order transferring child support payments to resident
4. Copy of completed state form notifying Department of Welfare of child's new residence
5. Copy of insurance policy/card/statement listing child as eligible for services
6. Copy of rental/lease agreement identifying the child as a tenant



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/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)