
Multiple Occupancy Application Questionnaire
(This form should be completed by the Parent / Guardian only)

Instructions: If the registering family is not able to provide one of the mandatory proofs of residence (proof of homeownership or valid lease agreement), the parent/guardian must complete this questionnaire. Registration will not be considered until the District has reviewed and approved this questionnaire. Dependent upon review and subsequent determination, the parent/guardian and district resident may be issued a Multiple Occupancy Application for completion.

Full Name of Parent/Guardian: _____

Full Name of Resident: _____

Resident Address: _____

Parent Phone Numbers: (h) _____ (c) _____

Child(ren)'s Full Name(s): _____ Date of Birth: _____ Grade: _____

_____ Date of Birth: _____ Grade: _____

_____ Date of Birth: _____ Grade: _____

Name and address of last school(s): _____

1. Do you intend for this living arrangement to be:

Permanent: _____ Temporary: _____

2. Is this living arrangement the result of a financial hardship?

Yes: _____ No: _____

If yes, explain: _____

3. Is this living arrangement the result of a change in familial status?

Yes: _____ No: _____

If yes, explain: _____

Signature of Parent/Guardian

Date

AFFIDAVIT OF MULTIPLE OCCUPANCY

I _____, am the Parent/Legal guardian of:
Parent / Legal Guardian

Student's Name

Student's Name

Student's Name

Student's Name

My child (ren) and I reside at the address listed below with the Owner/Lessee of the property listed below:

Name of Property Owner
(or)

Street Address

Name of Lessee

City, State and Zip Code

Attached is an affidavit from the Owner/Lessee of the above address verifying our residency at the above address. I have attached a copy of at least two of the following in my name with my current address, which is listed above.

- Driver's License or State ID
- Car registration
- Car insurance
- Current checking or savings account statement or letter from bank dated within 30 days of registration
- Current letter from your employer, dated within 30 days of registration
- Current health insurance statement, dated within 30 days of registration

I assume responsibility for notifying the school immediately when my living arrangements change.

I (We) understand that if (we) knowingly provide false information in this affidavit, I (we) am subject to prosecution for a summary criminal offense. I also understand that if any information I am providing proves to be incorrect, the student(s) will be withdrawn.

(Parents and Students who are homeless, may but are not required to complete this form. These students are protected under the McKinney Vento Act and are eligible for immediate or continued enrollment. If you are temporarily living doubled-up or you think that you are homeless, please inform the registrar.)

Sign in the Presence of a Notary Public

Signature of Parent/Legal Guardian: _____

Previous Address: _____

Owner Affidavit must be attached

Notary Public:

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

Print Name of Notary Public

Signature of Notary Public