

1001 Kriebel Mill Road ● Norristown, PA 19403-1096 ● (610) 489-5000

Application for Multiple Occupancy

I am the parent/legal guardian of the child(ren) listed below, and we reside in Methacton School District in a (home/apartment) with a resident that owns or leases the property. An affidavit of the owner or lessee will be forwarded to the school within (5) days attesting to our residency in the below described (home/apartment). I assume responsibility for notifying the school district should the above described circumstances change.

I understand that if any information proves to be incorrect, Methacton School District has the right to reject the application and remove the student from Methacton School District schools as well as to collect tuition charges for the time the child was enrolled.

| NAME OF CHILD(REN): | | <u>GRADE</u> | |
|--|---------|--------------|---|
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| SIGNATURE OF PARENT/LEGAL GUARDIAN: | | | |
| PREVIOUS ADDRESS OF PARENT/LEGAL GUA | ARDIAN: | | |
| PREVIOUS DISTRICT OF RESIDENCY AND SCI | | | |
| NAME OF PROPERTY OWNER: | | | |
| ADDRESS OF METHACTON SCHOOL DISTRIC | | | |

NOTARY PUBLIC SEAL & STAMP

Certificate of Multiple Occupancy

| I, | | certify that I am the legal ow | ner |
|--|-----------------------------|-----------------------------------|-------|
| or lessee of the property at: | | | |
| | | | |
| | | | |
| which is located in Methacton School District. I fur | ther certify that | | |
| Name of Par | ent(s) and Child(ren) | | |
| are living on a permanent basis at the above address | . I assume responsibility | to notify the School District | |
| should the above circumstances change. I am aware | that the facts as stated a | bove are subject to investigatio | n |
| and should it be determined that the above is not a tr | rue statement of fact, eitl | ner now or in the future, I shall | then |
| be liable to reimburse Methacton School District at | the annual tuition rate fo | r improper attendance in Metha | acton |
| School District. | | | |
| | | | |
| | | | |
| SIGNATURE OF OWNER/LESSEE: | | | |
| RELATION TO RESIDENT: | | | |
| TELEPHONE NUMBER: | | | |
| | | | |
| | | | |
| | | | |
| Acceptable proof of residency must be provided wi address. | th this certificate showin | ng the Methacton School Distri | ict |
| SWORN TO AND BEFORE ME THIS | DAY OF | 20 | |
| | | | |

NOTARY PUBLIC SEAL & STAMP