

In order to establish and verify your residence within the Central Bucks School District, an affidavit is required in addition to the required documents for admission. By filing this affidavit, the Central Bucks or guardian(s) to reside in their home on a full-time basis. All procedures are in accordance with Sections 1301 and 1302 of the Pennsylvania School Code and Regulations 11.11 and 11.19 of the Pennsylvania State Board of Education. Sections 1301 and 1302 authorize Central Bucks School District to request proof of residence or guardianship prior to admission to our school programs.

In an effort to clarify the Central Bucks School District policy concerning Multiple Occupancy requests, as well as to formalize your application, we ask that the Parent/Guardian AND the District Resident carefully read, sign and notarize the attached form. In addition to this form the following:

- Government income verification (unemployment, public assistance/welfare, child support, alimony)

- Utility bill
- Legal Notices
- Medical billing statements

CENTRAL BUCKS SCHOOL DISTRICT APPLICATION FOR MULTIPLE OCCUPANCY ADMISSION

This section of affidavit to be completed by the Multiple Occupant

I am the parent or legal guardian of the child(ren) listed below. We reside in the Central Bucks School District in a home/apartment that is owned or leased by a Central Bucks School District resident. With this application, I am providing three forms of identification showing the Central Bucks address. I assume responsibility for notifying the Central Bucks School District should the described circumstances change.

I understand that the facts as stated are subject to investigation at any time. Should it be determined that any information is found to be incorrect, now or in the future, the Central Bucks School District has the right to remove the student(s) listed below from Central Bucks Schools, and collect tuition charges for the time the child(ren) were enrolled. Note: Central Bucks reserves the right to reverify Multiple Occupancy applications.

Name of Child(ren)	Grade
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Phone

City/Zip

Date

* _____
(NOTARY PUBLIC SEAL AND STAMP)