



APPLICATION FOR AND AFFIDAVIT OF MULTIPLE OCCUPANCY REGISTRATION

This portion of the Application for an Affidavit of Multiple Occupancy Registration (“Application and Affidavit”) is to be completed by the Parent or Legal Guardian of the child(ren) seeking enrollment in the Cheltenham School District (“District”) and will not be accepted unless properly notarized. Proof of residency documentation from the towners must also be provided in order for the Application and Affidavit to be complete.

Name of Child	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents/Guardians should read the below statements carefully and place their initials on the designated line to acknowledge that they (1) understand the statement; (2) affirm that the statement is true and correct to the best of their personal knowledge; and (3) agree to be bound by the terms and conditions of each statement.

_____ I am the Parent or Legal Guardian of the above-named child(ren). My child(ren) and I maintain a primary residence in the Cheltenham School District in a home that is owned by a Cheltenham School District resident.

_____ I understand that I am responsible for immediately notifying the District, within 5 days, of any changes to my living situation, including, but not limited to, moving within or outside of the District.

_____ I understand that the District may conduct or cause to conduct neighborhood observations and/or home visits throughout the year to verify compliance with this Application & Affidavit.

_____ I acknowledge and agree that the District may conduct an investigation, now or at any time in the future that this Application and Affidavit remains in effect, to verify the accuracy and continue accuracy of the statements contained in this Application and Affidavit. Such investigation may include, to the extent permitted by law, but is not necessarily limited to, communicating with any of the following individuals or entities:(1) United States Postal Service; (2) Current or former employer;(3)Current occupant of former address;(4)Federal, state or local government agencies, including, but not limited to, law enforcement and county and federal assistance agencies.

_____ I understand that if it is determined that the statements contained in this Application and Affidavit are false, or cease to be true and I failed to immediately notify the District of such change(s), I will be liable to reimburse the District for the tuition cost of educating all children enrolled pursuant to this Application and Affidavit for all days of improper attendance at school, including any costs incurred for any investigation or for the collection of tuition. The current tuition rate is **\$100.02 for elementary schools and \$100.95 for secondary school schools*** per day, per child.

_____ I understand that this Application and Affidavit **expires** on June 30 of each year and must be renewed prior to the date in order to continue in effect or the following school year.

_____ I understand that if this Application and Affidavit is violated, or if any of the information proves to be false or ceases to be true and I failed to immediately inform the District of such change in circumstances, the District has the right to immediately initiate expulsion proceedings against any child improperly enrolled in the District. In Addition, the District may pursue civil proceedings against me for the collection of any applicable tuition and costs, and may refer the matter to the local police and/or the District Attorney’s office for prosecution for unsworn falsification to authorities, theft of services, and/or any other applicable criminal offense.

Proof of residency must be submitted along with this document in accordance with Board Policy

I have read, understand, agree to be bound by, and declare that the statements made in this Application and Affidavit are true and correct based upon my personal knowledge.

PLEASE COMPLETE BELOW
Signature of Parent/Guardian: _____
Print Name: _____
Relationship to Child(ren): _____
Current Address: _____ _____
Telephone Number: _____

Sworn and subscribed before me the _____ day of _____, 20_____

Notary Public

**Tuition rate is subject to change without notice*

THIS APPLICATION EXPIRES ON JUNE 30TH AND MUST BE RENEWED ANNUALLY

LEGAL AFFIDAVIT OF MULTIPLE OCCUPANCY

This portion of the Application for and Affidavit of Multiple Occupancy Registration (“Application and Affidavit”) is to be completed by the Owner of property in the Cheltenham School District (“District”) and will not be accepted unless properly notarized.

Property owners should carefully read and complete, as appropriate, the below statements and place their initials on the designated line to acknowledge that they (1) understand the statement; (2) affirm that the statement is true and correct to the best of their personal knowledge; and (3) agree to be bound by the terms and conditions of each statement.

____ I, _____, certify that I am a legal owner of the property at _____ in the Cheltenham School District.

____ I swear that _____ and his/her child/children are maintaining their primary residence at the above address.

____ The living arrangements listed above are in compliance with all local zoning regulations to the best of my knowledge and belief.

____ I assume responsibility for immediately notifying the District, within 5 days, should the above described circumstances change, including, but not limited to _____ and his/her child/children no longer maintaining their primary address at the above address.

____ I am aware that the facts as stated above are subject to investigation and, should it be determined that they are false or no longer true, either now or in the future, I will be liable to reimburse the District for the tuition cost of educating all children enrolled pursuant to this Application and Affidavit for all days of improper attendance at school, including any cost incurred for any investigation or for the collection of tuition. The current rate is \$100.02 for elementary schools and \$100.95 for secondary schools* per day, per child.

____ I understand that the District may conduct or cause to conduct neighborhood observations and/or home visits throughout the year to verify compliance with this Application & Affidavit.

____ I acknowledge and agree that the District may conduct an investigation, now or at any time in the future that this Application and Affidavit remain in effect, to the fullest extent permitted by law, to verify the accuracy and continue accuracy of the statements contained in this Application and Affidavit. I further understand that I am responsible for cooperating with the District in any such investigation to verify the accuracy or continued accuracy of this Application and Affidavit.

____ I understand that if this Application and Affidavit is violated, or if any of the following proves to be false or ceases to be true and I failed to immediately inform the District of such change in circumstances, the District may pursue civil proceedings against me for the collection of any applicable tuition and costs, and may refer the matter to the local police and/or the District Attorney’s office for prosecution for unsworn falsification of authorities, theft of services, and/or any other applicable criminal offense.

Proof of residency must be submitted along with this document in accordance with Board Policy

I have read, understand, agree to be bound by, and declare that the statements made in this Application and Affidavit are true and correct based upon my personal knowledge.

PLEASE COMPLETE BELOW

Signature of Owner: _____

Print Name: _____

Relationship of Owner to Applicant: _____

Physical Address of Owner: _____

Telephone Number: _____

Sworn and subscribed before me the _____ day of _____, 20_____

Notary Public

**Tuition rate is subject to change without notice*

THIS APPLICATION EXPIRES ON JUNE 30TH AND MUST BE RENEWED ANNUALLY

FOR INTERNAL USE ONLY:

For Cheltenham School District Employee

Reviewed by: _____

Date: _____

For attendance purpose, this student is:

- Resident
- Non-Resident