

## AFFIDAVIT OF MULTIPLE OCCUPANCY

TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN/CAREGIVER

l,		am the parent/legal guardian/caregiver of:
Parent/Legal Guardian/Caregiver		
Childs Name		Child's Date of Birth
Childs Name		Child's Date of Birth
Childs Name		Child's Date of Birth
Childs Name		Child's Date of Birth
My child(ren) and I reside at the address l below:	listed below with th	e Owner/Lessee of the propertied listed
House or Apartment Number	Street Address	
City	State	Zip

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 a least two of the following in my name with my current address which is listed above

- Current car registration card or car insurance policy statement
- Most current year's tax document
- Paycheck or pay stub (dated within the past 30 days)
- Official US Postal Service change of address notification or returned mail (yellow label with new address must be attached to envelope next to the old address).
- Two consecutive bank statements (dated within the past 90 days).
- Correspondence from a DE state agency such as DHSS, DSCYF, Department of Labor, or DSS

## I understand that by signing this affidavit, I am declaring:

- 1. I understand under Delaware Law, Title 14 Section 202 (c), that persons attending public schools of Delaware shall attend the public schools in the school district within which they reside;
- 2. That I am certifying under penalty of perjury under U.S. law that I am residing at the address listed above and that I am the parent or legal guardian to the student(s) that I am enrolling in the Brandywine School District;
- 3. I understand that by signing this I am providing a truthful statement of my residency and/or my parental or legal guardian relationship with the student(s) being enrolled and

that any false written statement that I provide may result in the violation of providing a false written statement as prohibited under Title 11, Section 1233 of the Delaware Criminal Code;

4. I agree to reimburse the District any cost of education provided to a student(s) including the cost of attorney fees or other costs incurred, including court costs or investigation costs, by the District as a result of any false statement or misrepresentation made by me regarding my residency in the Brandywine School District.

Parent/Guardian's Signature:		Date:
IF NOT SIGNING IN PERSON AT THE S PLEASE SIGN IN TH	CHOOL WHERE THE I SE PRESENCE OF A NO	-
NOTARY PUBLIC: Sworn to and subscribed before me this	day of	,
Notary Public Signature		(Official Seal Affixed)
My Commission Expires:		