



Lower Merion School District

301 East Montgomery Ave.

Ardmore, PA 19003-3399

Phone: 610-645-1800 ♦ Fax: 610-645-9679 ♦ www.lmsd.org

Department of Student Services

APPLICATION FOR AND AFFIDAVIT OF MULTIPLE OCCUPANCY REGISTRATION

This portion of the Application for and 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 Lower Merion School District (“District”) and will not be accepted unless properly notarized.

One proof of residency must be submitted along with this document.

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 Lower Merion School District in a home/apartment/room that is owned or leased by a Lower Merion 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 be conducted 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 continued accuracy of the statements contained in this Application and Affidavit. Such investigation may include, to the extent permitted by law, communicating with any of the following individuals or entities: (1) United States Postal Service; (2) Current or former employer; (3) Current or previous landlord; (4) Current occupant of former address; (5) 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. Tuition is based on the current tuition rate established by the Pennsylvania Department of Education. (2023/2024 rate is/was **\$130.87** per day, per child).

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

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

SWORN TO AND SUBSCRIBED

before me this _____ day
of _____ 20 ____.

Notary Public

Address

TO NOTARY PUBLIC
Did identification match above:
Name _____
Address _____
Signature _____

PLEASE COMPLETE BELOW

Signature of _____
Parent or Guardian:

Print Name: _____

Relationship to Child(ren): _____

Current address: _____

Telephone Number: _____

ALL APPLICATIONS ARE SUBJECT TO REVIEW

** Tuition is subject to changes without notice*

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 or Lessee of property** in the Lower Merion School District ("District") and will not be accepted unless properly notarized.

A copy of a deed, lease or other acceptable form of proof of residency must be submitted along with this document.

Property owners/lessees 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 or lessee of the property at _____ in the Lower Merion School District.

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

____ The living arrangement listed above is 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 costs incurred for any investigation or for the collection of tuition. Tuition is based on the current tuition rate established by the Pennsylvania Department of Education. (2023/2024 rate is/was **\$130.87** per day, per child).

____ I understand that the District may conduct or cause to be conducted 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 continued 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 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 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.

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

PLEASE COMPLETE BELOW

SWORN TO AND SUBSCRIBED

before me this _____ day
of _____ 20 ____.

Notary Public

Address

Address

TO NOTARY PUBLIC
Did identification match above:

Name _____
Address _____
Signature _____

Signature of
Owner or Lessee: _____

Print Name: _____

Relationship of
Owner or Lessee
to Applicant: _____

Physical Address of
Owner or Lessee: _____

Telephone Number: _____

FOR INTERNAL USE ONLY:

Reviewed by: _____
for Lower Merion School District.

Date: _____

For attendance purposes,
this student is:

_____ Non-Resident
_____ Resident

Copy Sent to Central
Registration:
_____ Date

THIS APPLICATION EXPIRES AND MUST BE RENEWED ON JUNE 30, 2024