



### Affidavit of Multiple Occupancy By Owner/Lessee

I / We \_\_\_\_\_, being duly sworn according to law, do depose and say that I am the legal owner or lessee of property situated at: \_\_\_\_\_

Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Borough or Township and County

I/ We further swear or affirm that \_\_\_\_\_ is living/has lived at the above-listed address with the following child(ren):  
(Print Parent, Guardian or Adult Child Name)

Names of Child/ Children (Please Print):	Date of Birth
_____	_____
_____	_____
_____	_____

The foregoing individual and the above listed child(ren) are legally residing at the above residence on a temporary / permanent basis. **I assume responsibility for immediately notifying the Agora Cyber Charter School’s Coordinator of School District Services in writing should the above circumstances change.**

Through my notarized signature, I/we understand that the Agora Cyber Charter School, pursuant to guidelines issued by the Department of Education and written policy, may require other reasonable information to be submitted to confirm this sworn statement. **I understand that if any information proves to be incorrect, the Agora Cyber Charter School has the right to reject the application and/or remove the student from Agora Cyber Charter School.**

I understand that false statements herein are made subject to the penalties of the crimes code, chapter 49, subchapter A, sections 4901 to 4904, relating to perjury and falsification in official matters.

**X** \_\_\_\_\_  
Legal owner/ lessee signature

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

\_\_\_\_\_  
Signature and Seal of Executing Officer



### Affidavit of Multiple Occupancy By Owner/Lessee

I / We Homeowner or Legal Tenant's Full Name, being duly sworn according to law, do depose and say that I am the legal owner or lessee of property situated at: Address must match accompanying Proof of Residency

Street Address

City

State

Zip Code

Borough or Township and County

I / We further swear or affirm that Biological Parent or Legal Guardian's Full Name is living/has lived at the above-listed address with the following child(ren):  
(Print Parent, Guardian or Adult Child Name)

Names of Child/ Children (Please Print):

Date of Birth

First Name, Middle Name, Last Name

MM/DD/YY

First Name, Middle Name, Last Name

MM/DD/YY

First Name, Middle Name, Last Name

MM/DD/YY

The foregoing individual and the above listed child(ren) are legally residing at the above residence on a temporary / permanent basis. I assume responsibility for immediately notifying the Agora Cyber Charter School's Coordinator of School District Services in writing should the above circumstances change.

Through my notarized signature, I/we understand that the Agora Cyber Charter School, pursuant to guidelines issued by the Department of Education and written policy, may require other reasonable information to be submitted to confirm this sworn statement. I understand that if any information proves to be incorrect, the Agora Cyber Charter School has the right to reject the application and/or remove the student from Agora Cyber Charter School.

I understand that false statements herein are made subject to the penalties of the crimes code, chapter 49, subchapter A, sections 4901 to 4904, relating to perjury and falsification in official matters.

X Homeowner or Legal Tenant's Signature (in presence of Notary Public)

Legal owner/ lessee signature

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature and Seal of Executing Officer

This section reserved for the Notary Public; if left blank, it will be rejected