

APPLICATION FOR MULTIPLE OCCUPANCY REGISTRATION

- This section is to be filled out by the Multiple Occupant family
- Forms of identification must be provided showing the (_____) School District address

I am the parent or legal guardian of the child(ren) listed below. We reside in the (_____)school district in a home/apartment that is owned or leased by a (_____)school district resident. I am providing proof of residence with the return of this packet. I assume responsibility for notifying the (_____)school district should the above described circumstance change. I understand that if any information proves to be incorrect, the (_____) school district has the right to reject the application and remove the student from (_____) school district, **in addition to** collecting tuition charges for the time the child was enrolled.

(Please Print)

NAME OF CHILDREN	SCHOOL DISTRICT

I do hereby give the (_____) school district authorization to contact any/all of the following to verify residency, dependency and authenticity of information given on the Multiple Occupancy forms:

- Internal Revenue Service
- Employer
- Welfare Agency
- Welfare Agency
- Current or Previous Landlord
- Bureau of Motor Vehicles
- US Postal Service

I acknowledge that BCMCS will contact me periodically to provide verification of multiple occupancy/address.

Parent or Guardian: _____ Telephone Number: _____

CERTIFICATE OF MULTIPLE OCCUPANCY

- This section is to be filled out by the (_____) property owner
- Forms of identification must be provided showing the (_____) address

I certify that I am the legal owner or lessee of the property listed below, which is located in the (_____) school district. I further swear that the parents and child(ren) listed above are living on a permanent basis at the address. I assume responsibility for notifying BCMCS should circumstances change. I am aware that the facts as stated are subject to investigation; should it be determined that it is not a true statement of fact, either now or in the future, I shall then be liable to reimburse BCMCS at the annual tuition rate of my school district for improper attendance.

Property Owner/Lessee

Relationship of Property Owner to New Resident

Address

City, Zip

* _____
NOTARY PUBLIC SEAL AND STAMP