



**Multiple Occupancy Application Questionnaire**

(This form should be completed by the Parent / Guardian only)

**Instructions:** If the registering family is not able to provide one of the mandatory proofs of residence (proof of homeownership or valid lease agreement), the parent/guardian must complete this questionnaire. Registration will not be considered until the District has reviewed and approved this questionnaire. Upon review/approval, the parent/guardian and the Quakertown Resident will be provided with a Multiple Occupancy Application which needs to be completed, signed, and notarized prior to registration.

Full Name of Parent/Guardian: \_\_\_\_\_

Full Name of Resident: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Parent Phone Numbers: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Child(ren)'s Full Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name and address of last school(s): \_\_\_\_\_

1. Do you intend for this living arrangement to be:

Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_

2. Is this living arrangement the result of a financial hardship?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

3. Is this living arrangement the result of a change in familial status?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date