

Application for Shared Residence Instructions

Shared Residency is defined as a child, and their parent/legal guardian, residing in a home owned, leased or rented by another district resident. **The child shall not be enrolled in a district school until the registration process is completed and all required documents are received.**

Before a child can be enrolled in the Dallastown Area School District under the provisions of the Shared Residency policy, **the following original documents are required:**

_____ Student's Proof of Birth – State of birth original or Government Agency issued copy

_____ Student Immunization Record

Residency Proofs- [residency proofs](#)

PART 1: List A - Two (2) Parent Legal Guardian Occupancy Proofs:

_____ [PA Driver's License/Non-Driver ID](#) – must be valid and updated to current address (within 15 days of move within the state/60 days of move into the state; PA DOT receipt may be sufficient)

AND

_____ Lease listing you as an occupant in the home; **or**

Supporting documents reflecting new address can be:

_____ Utility set up, _____ bank statement, _____ credit card bill, _____ vehicle insurance

PART 2: List B - Two (2) Resident Proofs:

_____ [PA Driver's License/Non-Driver ID](#) – must be valid and updated to current address (within 15 days of move; PA DOT receipt of change may be sufficient)

AND

_____ Mortgage Document/Deed; **or**

_____ Lease listing you as the Leasee **and** the above person as an occupant in the home;

Supporting documents reflecting new address can be:

_____ Utility bill, _____ bank statement, _____ credit card bill, _____ vehicle insurance

_____ Cell bill, _____ Tax bill, _____, State Federal program enrollment, _____ Pay stub

_____ YATB (York Area Tax Bureau) New Resident/Change of Address form or proof of submission

http://dallastown.ss13.sharpschool.com/departments/district_registration



Dallastown Area School District

700 New School Lane
Dallastown, Pennsylvania 17313-9242
(717) 244-4021 ext. 4294 Telephone
www.dallastown.net

Central Registration

DALLASTOWN AREA SCHOOL DISTRICT Application for Shared Residence

Name of Parent/Legal Guardian(s): _____ Date: _____

Name of Child	Birthdate	School

Name of Property Owner/Lessee: _____ Relationship to Student: _____

Property Address: _____

City/State/Zip: _____

Part 1: Certificate of Shared Residence- Parent/Guardian

_____ I am the parent or legal guardian of the children listed above.

_____ We reside in the Dallastown Area School District in a home/apartment that is owned or leased by a Dallastown Area School District resident.

_____ I am providing two proofs of residence with the return of this packet.

_____ I verify that I have not misled, withheld, or falsified any information. I understand that I am subject to **routine home visits by a school official** for residency verification purposes. I assume responsibility for notifying the school district should the above described circumstances change. I understand that if any information proves to be incorrect, the Dallastown Area School District has the right to reject the application and remove my child from Dallastown schools, and I be held liable for tuition charges for the time that my child was enrolled.

_____ I do hereby give the Dallastown Area School District authorization to contact any/all of the following to verify residency, dependency, and authenticity of information given on the Shared Residency Application:

Employer	US Postal Service	State Welfare Agency
Current or Previous Landlord	Internal Revenue Service/York Adams Tax Bureau	Bureau of Motor Vehicles

_____ I acknowledge that Dallastown Area School District will contact me periodically to provide Shared Residence verification.

Parent/Legal Guardian Signature (1)

Parent/ Legal Guardian Signature (2)

Birthdate

Telephone

Email

Birthdate

Telephone

Email

Part 2: Certificate of Shared Residence- Property Owner/Lessee

_____ I certify that I am the legal owner or lessee of the property listed above, which is located in the Dallastown Area School District.

_____ I swear that the parent(s) and child(ren) listed above are living on a permanent basis at that address.

_____ I am providing two proofs of residence with the return of this packet.

_____ I verify that I have not misled, withheld, or falsified any information. I understand that I am subject to **routine home visits by a school official** for residency verification purposes. I assume responsibility for notifying the Dallastown Area School District 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 the school district at the annual tuition rate for improper attendance in the Dallastown Area School District.

The estimated tuition for the 2018-19 academic year is: \$10,834 elementary, and \$11,358 secondary.

_____ I do hereby give the Dallastown Area School District authorization to contact any/all of the following to verify residency, dependency, and authenticity of information given on the Shared Residency Application:

- | | | |
|------------------------------|--|--------------------------|
| Employer | US Postal Service | State Welfare Agency |
| Current or Previous Landlord | Internal Revenue Service/York Adams Tax Bureau | Bureau of Motor Vehicles |

_____ I acknowledge that Dallastown Area School District will contact me periodically to provide Shared Residence verification.

_____ Date: _____
Property Owner/Lessee Signature

_____ Telephone _____ Email _____

FOR NOTARY PUBLIC:
Sworn to and Described before me,

This _____ day of _____, 20 _____.

Signature of
Notary _____