



Quakertown Community School District

DISTRICT SERVICES CENTER

100 Commerce Dr.
Quakertown, PA 18951
P: (215) 529-2000
F: (215) 529-2036

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: _____

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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