

COATESVILLE AREA SCHOOL DISTRICT  
District Administration Center  
3030 C. G. ZINN ROAD  
THORNDALE, PA 19372

SCHOOL YEAR – 2024-2025

AFFIDAVIT OF MULTIPLE OCCUPANCY FORM (Must be completed each school year)

I, \_\_\_\_\_, certify that I am the legal owner or Lessee of the property  
Name of property owner with whom family is living

at \_\_\_\_\_  
House # Street Name Apt. # Locality (City, Town, etc.) Zip Code

which is located in the Coatesville Area School District. I further swear that the following individual(s) are living on a  
(MUST circle one) TEMPORARY or PERMANENT basis at the above address:

Adult Name(s): \_\_\_\_\_

Child(ren) Name(s) & Age: \_\_\_\_\_

As owner of the residence, I assume responsibility for notifying the school district should the above circumstances change. I am aware that false swearing is a misdemeanor of the third degree and that the punishment therefore is a fine of not more than \$2,500 or imprisonment for not more than one year or both. I further certify that I will notify Coatesville Area School District immediately in the event that the facts set forth herein shall no longer be correct or shall change.

I certify that I will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of the Affidavit.

Those filing this sworn statement hereby agree that if the statement is found to be false, they will immediately become liable for all tuition due and the child(ren) involved will be withdrawn from enrollment in the Coatesville Area School District. Estimated tuition rates for the 2024-2025 school year are as follows:

ELEMENTARY: \$14,374.59 (Grades K-5) SECONDARY: \$13,954.65 (Middle & High School – Grades 6-12)

\_\_\_\_\_  
Owner or Lessee Name (Please Print) Owner or Lessee Signature

\_\_\_\_\_  
Relationship to New Resident Home: Work: Telephone Number(s)

\_\_\_\_\_  
Date Affidavit Signed

**NOTARY:**

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, (by \_\_\_\_\_).

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Witness

- Two forms of identification must be presented showing above Owner/Lessee Name & Address. (Example: Deed, Lease, Recent Real Estate Tax Bill, Settlement Papers, Letter from Landlord with address & telephone number, Utility Bill or Bank Statement)

SCHOOL - Forward a copy of this Affidavit to the Child Accounting Office upon receipt from the family (upon receiving the completed Affidavit; again if/when changes are made to the Affidavit).