

MARPLE NEWTOWN SCHOOL DISTRICT
26 Media Line Road Newtown Square, Pennsylvania 19073
Phone (610) 359-4260 Fax (610) 325-6839

Department of Pupil Services
CENTRAL REGISTRATION

AUTHORIZATION AND VERIFICATION AGREEMENT

I, _____ do hereby give the Marple Newtown School District
(PLEASE PRINT) NAME OF RESIDENT/CARETAKER
authorization to contact any/all of the following to verify residency, dependency, and authenticity of
information given on the "PROOF OF RESIDENCY" form dated _____ bearing my
signature.

The below information is relative to the registration of the following student(s) in the Marple
Newtown School District

(Please Print) Name(s) of student(s) to be registered above

- 1 Internal Revenue Service
- 2 Employer
- 3 Welfare Agency
- 4 Current Landlord/Agent or Homeowner
- 5 Previous Landlord/Agent or Homeowner
- 6 U.S. Postal Service
- 7 Bureau of Motor Vehicles

Signature of resident/Caretaker

SWORN TO AND SUBSCRIBED TO THIS DAY

Address

Notary Public

City

Zip

Telephone Number and Cell

"Pulling Together for Excellence"