

MARPLE NEWTOWN SCHOOL DISTRICT  
 REGISTRATION OFFICE  
 26 Media Line Road Suite -110  
 Newtown Square, Pennsylvania 19073  
 Phone: 610-359-4260 Fax: 610-723-3341

**PERMISSION TO RESIDE FORM**

Date: \_\_\_\_\_

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NAME (Owner of Record/Agent of Owner)	Address	Phone No.
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I am the owner of record or the Agent of the owner of record of the property listed below:

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Street Address (including apartment number if applicable), City, State, Zip code

This property is :  A Single Family Dwelling Unit, consisting of \_\_\_\_\_ bedrooms.

An Apartment Dwelling Unit, consisting of \_\_\_\_\_ bedrooms.

The present deed or lease allows for the occupancy of \_\_\_\_\_ Adults and \_\_\_\_\_ Children.

I do hereby attest that the person(s) named below, is the current legal occupant of the dwelling unit:

Name of occupant	Name of Occupant	Name of Occupant	Name of Occupant	Name of Occupant
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The above named occupant(s) has requested that the following individuals may be permitted to reside in the above name property, in a multiple occupancy dwelling situation:

Parent/Guardian	Child	Child
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Parent/Guardian	Child	Child
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\_\_\_\_ I authorize permission for the above named persons, to reside in the above property, in a multiple occupancy dwelling situation. I avow and attest that I am in compliance with all federal, State, County and Local: Health, Safety, and Fire Codes and Ordinances of the Township or Borough, in which said property is situated, pertaining to the number of persons permitted to reside in said property. I will notify Marple Newtown School District as soon as the multiple occupancy persons vacate said property.

\_\_\_\_ I do not authorize the above named persons to reside in the above named property in a multiple occupancy dwelling situation. I will take legal steps necessary to effect the removal of any and all individuals who are not legally in residence in said property. I will notify Marple Newtown School District as soon as the above named occupancy persons vacate said property.

\_\_\_\_\_  
 Signature (Owner of record/agent of owner  
 of record)

\_\_\_\_\_  
 PRINT NAME:

Date: \_\_\_\_\_