



Woodbridge School District

16359 Sussex Highway

Bridgeville, Delaware 19933

Owner Verification of Multiple Occupancy MUST be attached to this form

I am the parent/legal guardian of the child (ren) listed below, and we reside in the Woodbridge School District in a home with a resident that owns the property and resides in the dwelling on the property. An affidavit from the owner is attached verifying our residency in the below described home. I assume responsibility for notifying the school should the above described circumstances change. I agree to provide two proofs of my residency at the below listed address within thirty (30) days from the day of registration.

I understand that if this registration is determined to be secured by false, misleading, or deliberate omission of information to establish residency, this application will be considered null and void. *Making a false written statement is a Class A Misdemeanor. 11 Del. C. §1233.*

Name(s) of Child(ren)

Previous School

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Address Information

(Name of Woodbridge School District Property Owner)

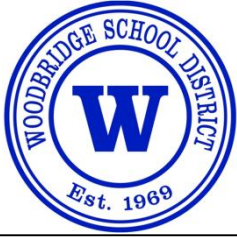
(Address of Woodbridge School District Property) (City) (State) (Zip)

Previous Address

(Previous Address of Parent/Legal Guardian) (City) (State) (Zip)

(Previous District of Residence)

Signature of Parent/Legal Guardian



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TO BE COMPLETED IN FRONT OF AND BY NOTARY PUBLIC: *(To be completed by the registering parent/guardian)*

I, _____ do declare, certify and state under penalty of perjury that
(Printed Name of Parent/Legal Guardian)

the foregoing statements are true and correct to the best of my knowledge.

This, the _____ day of _____, 20____
(Date) (Month) (Year)

Signature of Registering Parent/Guardian
(To be signed in the Presence of a Notary Public)

TO BE COMPLETED BY THE NOTARY PUBLIC:

On this, the _____ day of _____, 20____, personally appeared before
(Date) (Month) (Year)

me, _____ known to me to be the person described in
(Name of Parent/Legal Guardian from Above)

and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being

duly sworn by me, made oath that the statements in the foregoing instrument are true .

NOTARY SEAL

Printed Name of Notary Public

Signature of Notary Public

Today's Date

Date My Commission Expires