NEW HOPE-SOLEBURY SCHOOL DISTRICT



(please print)	certify that I live at
(full address)	which is within the boundary lines of
New Hope-Solebury School District.	
Parents/Guardians:	
Children's Names:	
the parents and child(ren) listed above are living Solebury School District should circumstances of determined that it is not a true statement of fact, annual tuition rate for improper attendance in the I make these statements subject to the penalties	below, which is located in the New Hope-Solebury School District. I further swear that on a permanent basis at that address. I assume responsibility for notifying New Hopehange. I am aware that the facts as stated are subject to investigation; should it be either now or in the future, I shall then be liable to reimburse the school district at the New Hope-Solebury School District. of 24 P.S. § 13-1304-A(b) and 18Pa. C.S.A. §4904, relating to unsworn falsification to e and correct to the best of my knowledge, information and belief.
Lessee (signature)	
Address	
Date	_
	Verification on Oath or Affirmation
Commonwealth of Pennsylvania	
County of	
Signed and sworn to (or affirmed) before me on _	
by	
	Notary Public

Printed Name