

RESIDENCY AFFIDAVIT

To be Completed by the Adult Resident (Other Than the Natural or Adoptive Parent) With Whom the Student Lives in the District

NAME OF STUDENT _____ Age _____

1. Your name _____ Phone _____

2. Your present address _____
Street and House or Apartment Number

City

3. What is your relationship to the student? _____

4. Does the student live with you full time? Yes ___ No ___

If part-time, state what portion of time the student lives with you, and where and with whom he/she lives during the remainder of the time: _____

5. State the reason(s) why the student is living with you: _____

6. How long do you intend to have the student live with you?

7. Who provides the student's living expenses and costs?

8. Who is responsible for the discipline and control of the student?

9. Who is financially responsible for any damages, lost books, or fines of the student?

10. If an accident or emergency were to occur, who will direct and consent to medical treatment and sign any required releases? _____

11. Does anyone receive Illinois public aid payments for the student? If so, who?

12. Do you have legal custody of the student provided by a court of law? Yes ___ No ___

13. Do you have legal guardianship of the student in the form of written documentation from the natural or adoptive parent or from a State agency? Yes ___ No ___

If no, state the name and address of the person who does have legal guardianship:

14. Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody or guardianship of the above named student to you or someone other than the natural or adoptive parent.

No such documents

15. Is the student eligible for special education or other special services? Yes ___ No ___

If yes, please provide a copy of the student's most recent Individualized Education Program (IEP) or Section 504 Plan and provide us with the name and address of the student's most recent prior school district of attendance

16. Provide any additional information which may help to establish the student's residency or which is otherwise relevant to the question of the student's residency:

AFFIDAVIT

This affidavit must be notarized by a Notary Public unless signed in the presence of the school registrar or a school administrator.

STATE OF ILLINOIS)
)
COUNTY OF) ss.

The undersigned, being duly sworn, states that the answers to the questions in Form 7:60-F2 are true and correct.

Adult Resident’s Signature

SUBSCRIBED AND SWORN to
before me this _____ day
of _____, 20__

Notary Signature

OR

SIGNATURE WITNESSED by me
on this _____ day of _____, 20__.

Registrar or Administrator’s Signature

NOTE: It is contrary to the policy of CCSD 89 to admit students who do not legally reside with a resident of CCSD 89. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of any information on this form or otherwise submitted during the enrollment process may result in the child named above to be excluded from school, and may expose you to monetary liability under Illinois law for payment of tuition for such time as the child was illegally enrolled in the District. Further, any person who knowingly enrolls or attempts to enroll a non-resident student in the District or presents false information regarding residency has committed a Class C misdemeanor and shall be referred for criminal prosecution.