**APPENDIX B-1**

**STUDENT RESIDENCY AFFIDAVIT**

***To Be Completed by Parent/Guardian of Student Who Is Living***

***with Another Person Residing in the District***

**NAME OF STUDENT:**

Date of Birth: \_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level:

1. Your name:

2. Are you a parent of the above-named student?

3. Your present address

4. Does the student live with you? Full time? Part time?

If part time:

a) What portion of the time does the student live with you?

b) How many nights per week or month?

c) What days of the week or month?

d) What weeks or months of the year?

e) Does the student live with you during school holidays and breaks?

f) For the times the student is not living you, where and with whom is the student living?

5. If the student is not living with you:

a) How long has he/she not lived with you?

b) With whom and at what address does the student live?

1. How long in the future do you intend the student to live at that address?

d) State the reasons why the student is not living with you:

e) Who else resides with you and what is each person’s relationship to the student?

f) Describe the student’s typical morning routine on school days *[including where and when student wakes up and how the student gets to school]*:

g) Describe the student’s typical after school/evening routine *[including where the student goes after school, how the student gets there, and when and where the student eats dinner and sleeps]*:

h) At what address(es) are the student’s clothes kept?

i) At what address(es) are the student’s other belongings kept?

j) Indicate below the times the student has visited you at your present address during the past year:

• Number of nights (approximately) including weekends:

• Number of weekends (approx.):

• Winter vacation

• Spring vacation:

• Number of school holidays (approx.):

• Summer vacation:

• Other:

k) Indicate below the times you have visited the student during the past year at the address where the student lives:

• Number of nights (approximately) including weekends:

• How often at mealtimes (approx.) including weekends:

• How often on weekdays (approx.):

• How often on weekends (approx.):

• Winter vacation:

• Spring vacation:

• Number of school holidays (approx.):

• Summer vacation:

• Other:

6. Give each address at which the student has resided during the last five (5) years, the periods of time the student resided at each address, the individuals who also resided at the address at that time, and the reason(s) for leaving:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address |  | Dates Resided at Address & Who Resided at Address |  | Reason(s) for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

7. Do you currently own or rent your place of residence? Own Rent Other

1. If you own your home, please give address:

b) If you are renting, please provide the name and address of your landlord and provide a copy of your lease:

c) If you neither own nor rent your place of residence, please explain: (*Note: The person with whom you live will need to complete additional documentation.)*

8. If you reside at your current place of residence outside the District due to a military service obligation, please explain the nature and expected duration of the military service obligation:

9. Who provides the student’s living expenses and costs?

a) If living expenses and costs are shared, please indicate the arrangements for sharing such expenses:

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

11. Who is financially responsible for any damages caused by the student?

12. In the event of an accident or other emergency, who may direct and consent to medical treatment and sign any releases required?

13. Who makes decisions regarding the student’s medical needs and treatment?

14. Who makes decisions regarding the student’s education?

15. Briefly state who enrolled the student in the District and the reasons why the student was enrolled in this District:

16. Do you have legal custody of the student?

a) If not, please state the name and address of the person(s) having legal custody:

b) State the reasons why you do not have legal custody:

17. Who claims the student as a dependent on their federal income tax return?

18. Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the named student to any person. If to your knowledge there are no such documents, please check this box.

 [ ] No Such Document

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

20. 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**

**STATE OF ILLINOIS )**

**) ss.**

**COUNTY OF )**

The undersigned, being duly sworn, states that the answers to the above and foregoing questionnaire are true and correct.

Signature

**SUBSCRIBED AND SWORN** to

before me this day

of , 20 .

Notary Public

**NOTE: It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardians within the District boundaries. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of information on this form or otherwise submitted to the District may result in your child being excluded from school, and may expose you to monetary liability under Illinois law for payment of tuition for such time as your 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 to the District any false information regarding the residency of a student commits a Class C misdemeanor.**