

Third Party Residence AFFIDAVIT OF RESIDENCY

LISLE COMMUNITY UNIT SCHOOL DISTRICT 202

I.	of	
(Name of Head of Household)	, of(Street Address)	
	, swear under oath and certify that the custodial parent,	
(City, State, Zip)	the natural or custodial parent has transferred custody and control and the	
•	munity Unit School District, lives at my residence as a member of my	
_	ade solely for the purpose of having attend	
6	(Child's name)	
school within said district and that I resident	e within the boundaries of the Lisle School District.	
In signing this document, I acknowledge t	hat I have read and understand the following.	
they comply with Board Policy 410.06 reg person who knowingly or willfully present for the purpose of enabling that pupil to a	se to permit the pupil to continue attending the school of the District unless arding approval of non-residents to attend upon payment of tuition. A ts to any school district any false information regarding residency or a pupil attend any school in that district without the payment of a non-resident misdemeanor. (105ILCS 5/10-20.12 a and b)	
above to not be legally entitled to attenda	ve is determined to be false or misleading, resulting in the child named ance in the Lisle Community Unit School District 202 schools, the District will narges and legal fees, which will be my responsibility.	
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