

O'Fallon Township High School District #203

AFFIDAVIT OF RESIDENCE (PART I)

PART I: To be completed by parent, foster parent, guardian or other having custody of the student:

I, (name) _____ having first been sworn upon my oath, depose and say as follows:

I am the (check one) ___ parent, ___ foster parent, ___ guardian, or ___ other (please specify) _____
of (student's name), _____ (DOB: _____) and that he/she is living at
the residence is located at: _____, St. Clair County,
Illinois, with (name of person having residence in District) _____ which is
within the boundaries of O'Fallon Township High School District #203 (OTHS). I am not directly able to prove residency at
this address for my student at this address because _____
_____.

The following facts are sworn regarding residency of the student so school officials can evaluate whether the enrollment of
the student is permitted under Illinois School Code and OTHS Board Policies.

(CIRCLE ONE)

YES NO I reside at this residence with my student. If no, please provide the address where you reside.

YES NO The student eats meals regularly at the residence noted above. If no, where else does the student eat?

YES NO The student has an assigned sleeping space and sleeps regularly at the residence noted above. If no, where does
the student sleep? _____

YES NO The student spends weekends at the residence noted above. If no, where does the student spend weekends?

YES NO The student spends summers at the residence noted above. If no, where does the student spend summers?

YES NO Does the student have an IEP or otherwise receive special education services?

YES NO Does the student intend to participate in IHSA athletics?

YES NO Do any of the student's siblings attend school? If yes, please list their names and school(s) attending:

YES NO I am the person having custody of the student and assume all legal responsibility for the student. If no, who has
legal custody of the student and/or who assumes legal responsibility for the student.

Custody: _____

Legal Responsibility: _____

*Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the
named student to any person.*

State the reasons why this student is living at this residence: _____

How long does the student intend to reside at this address? _____

Who provides the student's living expenses and costs? _____

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

Who is responsible for discipline and control of the student? _____

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

In the event of an accident or other emergency, who may direct and consent to medical treatment? _____

I attest to the additional information written below to assist the School District in determining my student's residency:

I agree that if the information provided in this AFFIDAVIT OF RESIDENCY-PART I is incorrect or false, and it is determined the student is not a resident of OTHS, I will be required to pay to OTHS the per capita tuition rate as determined by the independent audit, and the student may be withdrawn from enrollment.

IMPORTANT: The submission of this document does not guarantee registration to OTHS. OTHS reserves the right to evaluate the evidence presented to determine residency.

WARNING:

- **A person who knowingly enrolls, or attempts to enroll, a student in the School District on a tuition-free basis without being a resident within the boundaries of that School District is guilty of a Class C misdemeanor, except in very limited situations as defined in Illinois School (105 ILCS 5/10-20.12b(e)).**
- **A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend school in that School District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).**

AFFIDAVIT

STATE OF ILLINOIS)
)
COUNTY OF ST. CLAIR)

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

Dated _____

(Printed Name)

(Signature)

(Street Address)

(city) (state) (zip)

Subscribed and sworn to before me this _____ day of _____, 20__.

(Notary Public)

{Notary Seal}

AFFIDAVIT OF RESIDENCE (PART II)

PART II: To be completed by the individual providing residence to the student within OTHS boundaries.

Name of Student: _____ Student's DOB: _____ Grade: _____

Your Name _____ Address: _____

What is your relationship to the student? _____

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

State the reasons why the student is living with you: _____

Please list all persons who reside at the residence with the student:

(CIRCLE ONE)

YES NO I have legal custody of the student? If no, who has legal custody? _____

Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the named student to any person.

YES NO The student lives with me full time. If no, where else does the student live? _____

If no, state what portion of the time the student lives with you _____

YES NO Do you provide any of the student's living expenses and costs? If yes, what percentage? _____

YES NO The student is claimed as a dependent on my income tax return?

YES NO Does the student have his/her own bed?

YES NO Are there other students who attend school living in your household? If yes, please list their names and schools attending: _____

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 residence: _____

AFFIDAVIT

STATE OF ILLINOIS)
)
COUNTY OF ST. CLAIR)

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

Dated _____

(Printed Name)

(Signature)

(Street Address)

(city) (state) (zip)

Subscribed and sworn to before me this _____ day of _____, 20__.

(Notary Public)

{Notary Seal}