



Marquardt School District 15

Affidavit - Homeowner / Lessee

Third Party Resident's Affidavit

To be completed and signed by the Homeowner / Lessee

Student

School

Parent/Guardian Name

Parent/Guardian Cell Phone:

Homeowner / Lessee Name

Homeowner / Lessee Cell Phone:

I certify that the individual(s) named above are living at the following address:

Residence Street Address

City

Zip Code

I certify that the individuals named above began living at the address listed above on _____, 20____ and continue to live at that address through the current date.

***Please attach proof of ownership/lease of the address where the parent/guardian, student age 18 or older or an emancipated student resides.**

Total number of persons living in the residence: _____

Total number of rooms in the residence: _____

Total number of bedrooms in the residence: _____

State the reason for this living arrangement: _____

State your relationship to the student and the parent/guardian enrolling the student: _____

I certify that this information is true and the individual(s) named above are living in my residence.

Signature of Homeowner/Lessee

Date

For Office Use Only

Date received: _____ Received by: _____



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

AFFIDAVIT OF ENROLLMENT AND RESIDENCY

ROE/ISC DEPARTMENT

This affidavit form may be used if you are an adult who has assumed responsibility for a pupil and provide the pupil with a fixed, night-time abode, for reasons other than access to the educational programs of the school district. This form should not be used, however, if you are the natural or adoptive parent of the pupil, have been granted court-ordered custody or guardianship, or are receiving public aid on behalf of the pupil. For these situations, you are only required to provide documentation (such as a birth certificate or court order), without the need of an affidavit like this one. This form is also not required for pupils who are sharing the housing of others due to lack of housing, economic hardship, or similar reason, or are otherwise homeless as defined in state and federal law. If you have any questions about residency, please contact the Illinois State Board of Education's ROE/ISC Department at (217) 785-9998.

I, _____, reside at _____,
(Name of Adult) *(Address)*

which is located within the boundaries of _____
(School District)

Provide the appropriate information and check each of the following:

I am at least 18 years of age.

I have provided proof in the form(s) of _____
(Proof of Residency)

that I am a resident of _____
(School District)

I have assumed and exercise responsibility for _____
(Name of Pupil)

I provide a fixed, night-time abode for _____
(Name of Pupil)

_____ is not living with me for the purpose of having access to the educational programs
(Name of Pupil) of the school district.

I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.

I understand that knowingly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis when I know that pupil to be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is a Class C misdemeanor.

Date

Signature of Adult

Adult (Print Name)

Date

School District Employee (Signature)

School District Employee (Print Name)