

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)
)

Student Name: _____

Student Grade: _____ School: _____

Office Use Only: PS ID#: _____

AFFIDAVIT OF RESIDENCE, CUSTODY, CONTROL AND RESPONSIBILITY

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

1. That (I am) (We are) the parent(s), foster parent(s), or guardian(s) of (child and/or children's name) _____, age _____, and that (his) (her) current residence is (address) _____ Village of _____, Illinois, within the territorial boundaries of Cook County Illinois.

2. That the child/children's residence with the school district has been established because the child/children reside here or other (please describe in full detail) _____.

3. That the child/children established residency at the above address on (date) _____ and intends to remain indefinitely or (date of lease expiration) _____.

4. (I) (We) swear the following response to the questions asked below are true and accurate to the best of (my) (our) knowledge:
- a. At what address does the child eat? _____
 - b. At what address does the child sleep? _____
 - c. At what address does the child spend his or her weekends? _____
 - d. Please list all family members, including siblings not enrolled in School District 30, living at the address above. _____
 - e. At what address does the child/children spend his or her summers? _____
 - f. Who claims the student/students as a dependent for federal income tax purposes?
Mother Father Other _____
 - g. Where did the child attend school last year? _____

FURTHER YOUR AFFIANT SAYETH NOT.

Anyone who knowingly or willfully presents false information to the School District for the purpose of enrolling a student on a tuition-free basis shall be referred to the State's Attorney's office for prosecution of a Class C misdemeanor and may be subject to tuition charges dating back to the date of improper enrollment.

Signature of Person Completing Form

Street Address City Zip

Phone Number