



Affidavit of Student Residency

Student's Name(s) and Grades

Three lines for student name and grade, each followed by 'Grade: _____'

Address and Phone Number Where Student(s) Regularly Sleeps

Parent/Guardian Address and Phone Number

Two lines for address and phone number for both student and parent/guardian

Attestation of Reasons for Student(s) Residency

This portion of the form should be completed by the resident with whom the student lives.

- 1. How long has the student(s) resided with you at the above address? _____
2. Please check the statement that best applies to your current situation:

_____ I am the sole adult responsible for the care of the student(s). Please give a brief statement explaining why you are providing care for student(s) at this time.

Two lines for explanation of care

_____ The parent/guardian or other person providing care for the student(s) resides with me, for reason other than to attend school in Center Cass School District 66.

By signing below, I hereby acknowledge that the information contained in the form is true and correct.

Signature of Parent/Guardian

Signature of Resident

Date

Date

Illinois law has made it a crime to knowingly or willfully present any false information regarding the residency of a student for purposes of enabling the student to attend on a tuition-free basis or knowingly enroll or attempt to enroll a student when the student is a non-resident of the School district.

- Notified of the student's immediate removal from school
• Charged the current tuition fee per child per day of attendance
• Reported to the authorities for legal action

Dated: _____

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

Notary Public