

**COMMUNITY CONSOLIDATED SCHOOL DISTRICT 64  
PARK RIDGE – NILES, IL 60068**

**NON-PARENT/GUARDIAN AFFIDAVIT**

**To Be Completed by the Person [Non-Parent] With Whom the Student Lives in District 64  
(i.e., no court-appointed guardian)**

**If you have more than one student in the District you can list all students on the same form.**

NAME OF STUDENT(S): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Your name: \_\_\_\_\_

What is your relationship to the student? \_\_\_\_\_

Your present address: \_\_\_\_\_

1. The student lives with me \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time  
**If you selected full-time in the question above, skip to Question 2.**
  - a) If part-time, what portion of time does the student live with you?
  - b) How many nights per week (or per month)?
  - c) What days of the week (or month)?
  - d) What months of the year?
  - e) Does the student live with you during school holidays and breaks?
  - f) For those times that the student does not live with you, where is the student living?
2. Why is the student living with you?
3. How long will the student be living with you?

4. Who else resides with you and what is each person's relationship with the student?
5. Describe the student's typical morning routine on school days *[including where and when student wakes up and how the student gets to school]*.
6. Describe the student's typical after school/evening routine *[including where the student goes after school, how the student gets there, and when and where the student eats dinner and sleeps]*.
7. At what address(es) are the student's clothes kept?
8. At what address(es) are the student's other belongings kept?
9. Do you currently own or rent your place of residence? \_\_\_ Own \_\_\_ Rent \_\_\_ Other (if other, explain):
10. Who provides the student's living expenses and costs?

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

11. Who is responsible for the discipline and control of the student?

12. Who makes decisions regarding the student's education?

13. Do you have legal custody of the student?

If not, state the name and address of the person who does:

14. Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the named student to any person. If to your knowledge there are no such documents, please check the space below.

No such documents

**AFFIDAVIT**

**STATE OF ILLINOIS**                    )  
  )  
**COUNTY OF COOK**                    ) **ss.**

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

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**NOTE: It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardians within the District boundaries. The information you provide will be used by school officials to help determine the residency of each student seeking enrollment. Falsification of information on this form or otherwise submitted to the District may result in your child being excluded from school, and may expose you to monetary liability under Illinois law for payment of tuition for such time as your child was illegally enrolled in the District. Further, any person who knowingly or willingly presents any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the District on a tuition-free basis a Class C misdemeanor, punishable by up to 30 days in jail, a two-year probation, and/or a \$1,500 fine. (105 ILCS 5/10-20.12b & 730 ILCS 5/5-4.5-65).**