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