<u>Appendix B-3</u>

Student Residency Affidavit

Exhibit - Evidence of Non-Parent's Custody, Control, and Responsibility of a Student

This form establishes a child's residency in the School District when the child is not living with a natural or adoptive parent. It must be completed by the individual who has assumed custody. Read **Important Warning** and submit this form with your signature to the Building Principal.

Student's name	District attendance building
Name of individual completing this form (<i>Please print</i>)	Relationship to child
Please check all applicable boxes:	
purpose of attending the District's school.	s stated below, and is not living with me solely for the r for and control of the child regarding daily educational food and clothing crimes school fees (books, bus, etc.)
At my residence the child regularly: (<i>Please explain any</i> Eats meals Sleeps Spends weekends and summers	
Important Warning: The School District reserves the	e right to evaluate the evidence presented Completing

Important Warning: The School District reserves the right to evaluate the evidence presented. Completing this form does not guarantee admission. If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e).

A person who knowingly or willfully presents to the School District any false information regarding a student's residency to enable that student to attend any school in the District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f).

Date	Signature of individual completing this form
Telephone	Address
Optional :	To be completed by the legal parent(s)/guardians(s), if one is available.

Please check all applicable boxes:

I am the legal parent/guardian of the child.

I have willingly transferred full custody and control of, as well as responsibility for this child to:

The transfer of custody is not solely for the purpose of attending the District's schools.

Date

Signature of individual completing this form

Telephone

Address