

# TOWNSHIP HIGH SCHOOL DISTRICT 113

## APPENDIX B-2

### STUDENT RESIDENCY AFFIDAVIT

#### To Be Completed by Person With Whom Student Lives in District

NAME OF STUDENT: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_

1. Your name: \_\_\_\_\_

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

3. Your present address: \_\_\_\_\_

4. a) Does the student live with you full time? \_\_\_\_\_

b) If part-time, state what portion of time the student lives with you and where and with whom he or she lives during the remainder of the time: \_\_\_\_\_  
\_\_\_\_\_

c) How long do you intend to have the student live with you? \_\_\_\_\_

5. a) Indicate below the times the student has visited his or her parents at their present address during the past year:

- Number of nights (approximately) including weekends: \_\_\_\_\_
- Number of weekends (approximately): \_\_\_\_\_
- Winter vacation: \_\_\_\_\_
- Spring vacation: \_\_\_\_\_
- Number of school holidays (Approx.): \_\_\_\_\_
- Summer vacation: \_\_\_\_\_
- Other: \_\_\_\_\_

b) Indicate below the times the parents have visited the student during the past year at the address where the student lives:

- Number of nights (approximately) including weekends: \_\_\_\_\_
- How often at mealtimes (approx.) including weekends: \_\_\_\_\_
- How often on weekdays (approx.): \_\_\_\_\_
- How often on weekends (approx.): \_\_\_\_\_
- Winter vacation: \_\_\_\_\_
- Spring vacation: \_\_\_\_\_
- Number of school holidays (approx.) \_\_\_\_\_
- Summer vacation \_\_\_\_\_
- Other \_\_\_\_\_

6. State the reasons why the student is living with you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. a) Give each address at which you have resided during the last five (5) years and periods of time you have resided at each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Give each address at which the student has lived during the last five (5) years and the periods of time the student has resided at each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. List the names and locations of each school the student has attended during the past five (5) years and the dates of attendance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. a) Do you own a residence (home)? \_\_\_\_\_
- b) If so, what is the address? \_\_\_\_\_
- c) Are you occupying your present place of residence as a tenant? \_\_\_\_\_
- d) If so, give the name and address of your landlord: \_\_\_\_\_  
\_\_\_\_\_
- e) If you neither own nor rent your place of residence, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f) How long do you intend to reside at the place where you are presently residing?  
\_\_\_\_\_
10. a) Who provides the student's living expenses and costs? \_\_\_\_\_  
\_\_\_\_\_

- b) If living expenses and costs are shared, please indicate the arrangements for sharing such expenses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. a) Who is responsible for the discipline and control of the student?  
 \_\_\_\_\_
- b) Who is financially responsible for any damages caused by the student? \_\_\_\_\_  
 \_\_\_\_\_
- c) If the event of an accident or other emergency, who may direct and consent to medical treatment and sign any releases required? \_\_\_\_\_  
 \_\_\_\_\_
12. Briefly state who enrolled the student in School District and the reasons why the student was enrolled in the District: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
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 indicate in the space below.  
 [ ] No such documents
15. Is the student eligible for special education or other special services? Yes \_\_\_ No \_\_\_\_  
 If the answer to the above question is "yes", please provide a copy of the student's most recent Individualized Education Program (I.E.P.) or Section 504 Plan and provide us with the name and address of the student's most recent prior school district of attendance.

16. Does anyone receive Illinois public aid payments for the student? If so, who? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Provide any additional information which may help to establish the student's residency or which is otherwise relevant to the question of the student's residency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

STATE OF ILLINOIS            )  
  )  ss.  
COUNTY OF LAKE            )

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

\_\_\_\_\_

**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 establish the eligibility of each applicant for admission. 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 enrolls or attempts to enroll a non-resident student in the District or presents to the District any false information regarding the residency of a student commits a Class C misdemeanor and shall be referred for criminal prosecution.**