

BOARD OF EDUCATION, DISTRICT #95

STUDENT RESIDENCY AFFIDAVIT

(To be completed by parents, guardians or legal custodian of student living within the district)

Now comes \_\_\_\_\_, having being duly sworn on oath and for his/her Affidavit states as follows:

1. Name of Student to be enrolled \_\_\_\_\_
  - a) Student's Address \_\_\_\_\_  
\_\_\_\_\_
  - b) Student's Phone # \_\_\_\_\_
  - c) Please identify who else resides with the student at this address, their relationship To the student, and where they may be contacted between 9:00 a.m. and 5:00 p.m. Mondays through Fridays: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - d) How long has the student resided at this address? \_\_\_\_\_
  - e) Previous address and telephone number? \_\_\_\_\_
  - f) Please identify who else resided with the student at the previous address, their relationship to the student, and where they may be contacted between 9:00 a.m. and 5:00 p.m., Mondays through Fridays: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - g) Student's Driver's License No. (if any) \_\_\_\_\_
  - h) Student's Social Security No. \_\_\_\_\_
  - i) How does the student get to and from school? \_\_\_\_\_

2. The student eats his/her meals regularly at the said residence.

Yes \_\_\_\_\_ No \_\_\_\_\_

The student sleeps regularly at said residence \_\_\_\_\_ nights per week, \_\_\_\_\_ weeks per year.

The student spends his/her weekend's \_\_\_\_\_ weeks per year at said residence.

The student spends his/her summers regularly at said residence. Yes \_\_\_\_\_ No \_\_\_\_\_

Additional explanation as needed:

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3. Student's date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

4. Student's biological or adoptive (please circle) parents are:

a) Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Social Security No. \_\_\_\_\_

Father's Driver's License No. \_\_\_\_\_

Father's Vehicle:

Make/Year of Car \_\_\_\_\_

License Plate No. \_\_\_\_\_

Vehicle Registration No. \_\_\_\_\_

Vehicle Identification No. (VIN) \_\_\_\_\_

Village/City Sticker No. \_\_\_\_\_

b) Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Social Security No. \_\_\_\_\_

Mother's Driver's License No. \_\_\_\_\_

Mother's Vehicle:

Make/Year of Car \_\_\_\_\_

License Plate No. \_\_\_\_\_

Vehicle Registration No. \_\_\_\_\_

Vehicle Identification No. (VIN) \_\_\_\_\_

Village/City Sticker No. \_\_\_\_\_

c) Who is the custodial parent? (If the student does not reside with his or her biological or adoptive parent(s) state the name of the adult guardian or custodian with whom the student resides). \_\_\_\_\_

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5. Your relationship to student \_\_\_\_\_

6. Do you own a residence? If so, please state the address.

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7. Are you occupying your present place of residence as a tenant? If so, what is the name and address of your landlord?

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

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9. Who is financially responsible for any damages caused by the student?  
\_\_\_\_\_

10. In the event of an accident or other emergency, who may direct and consent to medical treatment and sign any releases required \_\_\_\_\_

11. If custody of the student has been transferred by the parents to another party who is a resident of the school district, what is the reason for this transfer of custody? When was custody transferred by the parents? \_\_\_\_\_

12. Please provide any additional information which may help to establish the student's residence or which is otherwise relevant to the question of the student's residence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What is your Social Security Number? \_\_\_\_\_

14. Please attach copies of any agreements, judgments, decrees Or other document's (e.g., joint parenting agreements) awarding or giving custody of the student to any person. If to your knowledge there are no such documents, please check the following:

\_\_\_\_\_ No such documents

15. Please also attach copies of the documents listed below.  
If there are no such documents please check the box which so indicates:

a) Father's/ mother's and student's (if any) driver's Licenses

Father; \_\_\_\_\_ No license

Mother; \_\_\_\_\_ No license

Student: \_\_\_\_\_ No license

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b) Father's/ mother's and student's (if any) auto insurance cards

Father; \_\_\_\_\_ No insurance card

Mother: \_\_\_\_\_ No insurance card

Student: \_\_\_\_\_ No insurance card

c) Father's mother's and student's (if any) State and Village/City vehicle registration cards.

Father \_\_\_\_\_ No vehicle registration cards

Mother: \_\_\_\_\_ No vehicle registration cards

Student: \_\_\_\_\_ No vehicle registration cards

d) Father's, mother's and student's (if any) voter's registration cards

Father; \_\_\_\_\_ No voter's registration card

Mother; \_\_\_\_\_ No voter's registration card

Student; \_\_\_\_\_ No voter's registration card

In signing this document, I acknowledge having read and understood the following:

“A person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of a non-resident tuition shall be guilty of a Class C misdemeanor” (Public Act 89-0480)

Please state below the reason(s) you want this student to attend the schools of the District.

I understand that if the information provided in connection with this Affidavit determined to be false or misleading, resulting in the child/children named above to not be legally entitled to attendance at the schools of the District, the School District will take legal action to recoup valid tuition charges and legal fees.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent, guardian, or custodian with whom  
Student resides

SUBSCRIBED and SWORN to before me

This \_\_\_\_ day of \_\_\_\_\_, 200\_

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