

THORNTON TOWNSHIP HIGH SCHOOLS DISTRICT #205

STUDENT RESIDENCY AFFIDAVIT

**TO BE COMPLETED BY PERSON WITH
WHOM STUDENT LIVES IN DISTRICT**

Name of Student: _____ Age: _____

1. Your Name: _____
2. What is your relationship to the student?

3. Your present address: _____
4. Your present telephone number: _____
5.
 - 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. When did the student begin living with you? _____

 - d. How long do you intend to have the student live with you?

6.
 - a. Indicate below the times the student has visited his or her parents at their present address during the past year:
 1. Approximately how many nights (including weekends)? _____

 2. Approximately how many weekends? _____
 3. Christmas vacation _____
 4. Spring vacation _____

5. Approximately how many school holidays _____

6. Summer vacation _____

7. Other _____

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

1. Approximately how many nights (including weekends) _____

2. Approximately how often at meal times (including weekends)

3. Approximately how often on weekends _____

4. Approximately how often on weekdays _____

5. Christmas vacation _____

6. Spring vacation _____

7. Approximately how many school holidays _____

8. Summer vacation _____

9. Other _____

7. State the reasons why the student is living with you:

8. a. Give each address at which you have resided during the last five years and periods of time you have resided at each:

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- b. Give each address at which the student has lived during the last five years and the periods of time the student has resided at each:

9. List the names and locations of each school the student has attended during the past five years and the dates of attendance:

10. 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. How long do you intend to reside at the place where you are presently residing? _____

11. 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: _____

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

13. Briefly state who enrolled the student in the School District and the reasons why the student was enrolled in the District:

14. Do you have legal custody of the student? _____

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

15. 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 below.

[] No such documents

16. 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:

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

AFFIDAVIT

The undersigned, being first duly sworn, affirms that the answers and documents provided in connection with the foregoing residency questionnaire are complete, true and correct.

I acknowledge that misrepresentation or providing incorrect or incomplete information may result in the disenrollment of the student from school, my being subject to the payment of tuition for any period of time that the student was not a resident of Thornton Township High Schools District #205 entitled to attend school on a tuition-free basis and referral to proper law enforcement authorities for prosecution under any applicable criminal laws.

Signature

(Street Address)

(City, State, Zip Code)

(Telephone Number)

SUBSCRIBED TO AND SWORN before
me this ____ day of _____, 20__

Notary Public