State of Illinois		
County of)

2014-15 Affidavit of Residence

The fields in this form will accept a cursor and can be filled out prior to printing.

(l) (We),		having first been sworn upon (my) (our) oath depose and say as f							
That (I am) (we are) the parent(s), foster parent(s), or court ordered legal	l guardia	n(s) of			, age	,			
and that (his) (her) residence is	((street a	ddress), City (Village) of			,			
County, Illinois.									
That the said child's residence within the said school district has not bee	en establi	ished so	lely for the purpose of at	tending the schools thereof.					
That the following facts are sworn to in order to permit the said school district to enroll the said child in the schools of said district as a resident.									
Length of time both the child <u>and</u> parents, custodial parent or legal guardian have resided at the above address:									
The said child eats (his) (her) meals regularly at said residence		s (No						
The said child sleeps regularly at said residence		s (No						
The said child spends (his) (her) weekends regularly at said residence		s (No						
The said child spends (his) (her) summers regularly at said residence		s (No						
The said child eats (his) (her) meals regularly at said residence		s (No						
Child provides % of (his) (her) support.									
FURTHER YOUR AFFIANT SAYETH NOT.									
-			Siç	gnature(s)					
-									
			,	Address					
Subscribed and sworn to before me this day of], [