State of Illinois)		
County of	_)		
2019-20	Affidavit of Residence		
(I) (We),	having first	been sworn upon (my	
(our) oath depose and say as follows:			
That (I am) (we are) the parent(s), foster I	parent(s), or court ordered leg	al guardian(s) of	
	, age,	and that (his) (her	
residence is	(street	address), City (Village) of	
	Cou	unty, Illinois, within the	
territorial boundaries of		School District	
	County(ies), Illino	ois. That the said child's	
residence within the said school district	t has not been established s	solely for the purpose o	
attending the schools thereof. That the t	following facts are sworn to in	n order to permit the said	
school district to enroll the said child in the	e schools of said district as a	resident.	
Length of time both the child and I	parents, custodial parent	or legal guardian have	
resided at the above address:			
The said child eats (his) (her) meals regul	larly at said residence	Yes No	
The said child sleeps regularly at said residence		Yes No	
The said child spends (his) (her) weekends regularly at said residen			
The said child spends (his) (her) summers		Yes No	
Child provides% of (I	his) (her) support.		
FURTHER YOUR AFFIANT SAYETH NO	DT.		
	Signa	Signature(s)	
	Addre	SS	
Subscribed and sworn to before me			
this,,	.		
Notary Public			