| State of Illinois   | )                |                   |             |              |                  |
|---|------------------|-------------------|-------------|--------------|------------------|
| County of   | )                |                   |             |              |                  |
| 202   | 23-2024 Affid    | avit of Reside    | nce         |              |                  |
| (I) (We),   |                  | hav               | ving first  | been sw      | orn upon (my     |
| (our) oath depose and say as follo                                | ows:             |                   |             |              |                  |
| That (I am) (we are) the parent(s)                                | , foster parent  | (s), or court ord | dered leg   | jal guardia  | n(s) of          |
|   |                  | , age             |             | and tha      | at (his) (her    |
| residence is  |                  |                   |             |              |                  |
|   |                  |                   | Cou         | unty, Illino | ois, within the  |
| territorial boundaries of   |                  |                   |             |              |                  |
|   |                  | County(i          | es), Illino | ois. That    | the said child's |
| residence within the said school                                  | l district has   | not been esta     | blished s   | solely for   | the purpose of   |
| attending the schools thereof. The                                | hat the followi  | ng facts are sv   | vorn to ir  | n order to   | permit the said  |
| school district to enroll the said ch                             | nild in the scho | ools of said dist | rict as a   | resident.    |                  |
| resided at the above address:                                     |                  |                   |             |              |                  |
| The said child eats (his) (her) meals regularly at said residence |                  |                   | 9           |              | No               |
| The said child sleeps regularly at                                |                  | aidanaa           |             | No           |                  |
| The said child spends (his) (her) (                               |                  |                   |             |              |                  |
| The said child spends (his) (her) s                               | •                |                   | siderice    | Yes          | No               |
| Child provides  | % OI (IIIS) (II  | er) support.      |             |              |                  |
| FURTHER YOUR AFFIANT SAY  | ETH NOT.         |                   |             |              |                  |
|   |                  | Signature         |             |              |                  |
|   |                  |                   | Signa       | ture         |                  |
|   |                  |                   | ۸ ما ما بره |              |                  |
| Subscribed and sworn to before n                                  | ne               |                   | Addre       | SS           |                  |
| this day of   |                  |                   |             |              |                  |
| this day of   |                  | <u>-</u>          |             |              |                  |
| Notary Public   |                  |                   |             |              |                  |