

LINDOP SD 92 FORM 1
**PARENT/GUARDIAN AFFIDAVIT FOR
FAMILIES SHARING A RESIDENCE**

This form is to be completed by the person attempting to enroll the above-named student in Lindop SD92
Please answer the following inquiries completely and accurately.

Student Name

Date of Birth

Lindop SD 92 understands that you have indicated that you and the above-named student(s) reside on a fixed, regular, nighttime basis with a resident of the District and cannot provide a mortgage, lease or other similar documentation to establish residency in the District. In order to establish the student's residency for attendance in our schools, **you must complete this form each year and return it to the main office.** Completing this form does not establish residency. The District may investigate residency status, including through a home visit and additional documentation, before allowing enrollment. Enrollment is not complete until residency is confirmed.

Note: You are required to notify the school if you and/or the above-named student move from the address identified in this form at any time. You may do so by contacting the main office 708-786-6464

Step 1: Residency Questionnaire

Name of person completing this affidavit: _____

Relationship to student: _____

Are you married, divorced, separated or never married? _____

Do you or your spouse (if applicable) own or rent any other property? _____ If Yes, what is the address?

What is the address of the home in which you and the above-named student(s) now reside?

When did you and the student move into this home?

Why did you and the student move into this home?

Is this living situation intended to be **permanent** or **temporary**? Explain:

Do you contribute to rent/mortgage or utility bills for the home? _____

Provide names of all others who reside at this address: _____

Does **all** of your mail come to this address? _____. If you receive mail at a different address, list the address below.

Will the student stay in this home during school breaks? (spring, summer, winter) _____

If No, Explain: _____

Do you or the above-named student(s) ever reside elsewhere than this home? (Not including sporadic activities, such as sleepovers) _____ If yes, Where? _____

Do you or the above-named student(s) regularly/repeatedly spend time at any home other than this home? (Not including sleepovers or occasional family visits) If yes, Where? _____

Is the parent/guardian of the student currently looking for another place to live? _____ Why? _____

Does the parent/guardian of the student have any formal agreement to stay in the home? _____

If No, what is the agreement under which the student is staying in the home? _____

Is there a date by which the student and parent/guardian must move out of the home? _____

Describe the home: Bedrooms _____ Bathrooms _____ List all rooms: _____

How many nights per week do the student and parent/guardian sleep in the home? _____

Does the parent/guardian have keys to the home? _____

Are all of the student and parent/guardians belongings kept at the home? _____ If not, where? _____

If the parent/guardian receives any type of state aid for the student (e.g. SNAP, TANF, Social Security), at what address is that aid received? _____

Who claims the student as a dependent for income/state tax purposes? _____

How does the student get to/from school? _____ If by car, who drives the student to school? _____

Step 2: Proofs of Residency

Please provide the following proofs of residency with your name and the in-district address:

A. Current Driver's License or State ID.

B. Three of the following:

Cable/Internet Bill

Utility Bill (Gas, water, electric)

Car Registration OR Car Insurance

Public Aid Card

IDHS Assistance/Medicaid Letter

Credit Card Bill

Auto or Loan Payment/Statement

Please read the following statements, initial each, and sign below.

____ I affirm that the information presented in this affidavit, and that is or will be presented in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

____ I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district illegally is a Class C misdemeanor.

____ I understand that knowingly enrolling or attempting to enroll a child in the school of a school district when I know the child to be a nonresident of the school district, unless the nonresident child has a lawful right to attend, is a Class C misdemeanor **and I will be liable for payment of tuition, fees and all other applicable fines.**

____ I understand that Lindop SD92 may require additional proof of residency, interview of person(s) enrolling the student and student's parent(s) and/or home visits to verify a student's residency with the District.

____/____/____

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Step 4: This Document Must Be Signed and Notarized

AFFIDAVIT

The undersigned, being first duly sworn, affirms that the answers and documents provided in connection with the foregoing Residency Affidavit for Families Sharing a Residence 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 student was not a resident of the district and/or referral to proper law enforcement authorities for prosecution under any applicable criminal laws.

Parent/Guardian Signature

SUBSCRIBED TO AND SWORN BEFORE ME

Street Address

Notary Stamp Here

City, State, Zip code

On this _____ day of _____, 20____

Notary Public