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This form establishes a child's residency in the School District when the child is not living with a natural or adoptive parent. It

## **Students**

## Exhibit – Evidence of Non-Parent's Custody, Control, and Responsibility of a Student

Student's name	District attendance building
Name of individual completing this form ( <i>Please print</i>	Relationship to child
Please check all applicable boxes:	
The child lives with me at my residence addre purpose of attending the District's school.	ess, as stated below, and is not living with me solely for the
I have assumed and exercise full legal responsibility and medical decisions, including responsibility	sibility for and control of the child regarding daily educational y for:
☐ Medical decisions and costs	☐ Food and clothing
$\square$ Discipline and restitution for vandalism or oth	ner crimes
At my residence the child regularly: (Please explain ar	ny unchecked boxes)
☐ Eats meals	
☐ Sleeps	
☐ Spends weekends and summers	
non-resident.  A person who knowingly enrolls or attempts to enroll in thi  Known by that person to be a nonresident of the District is  defined in State law (105 ILCS 5/10-20.12b(e).  A person who knowingly or willfully presents to the School	ition from the date the student began attending a District school as a is School District on a tuition-free basis a student guilty of a Class C misdemeanor, except in very limited situations as  District any false information regarding a student's residency to enable payment of a nonresident tuition charge is guilty of a Class C
Date	Signature of individual completing this form
Telephone	Address
Subscribed and sworn to me this, 20,	-
Signature of Notary Public	Notary Public Stamp

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Optional: To be completed by the natural or adoptive parent(s), if one is available.

Please check all applicable boxes:

I am the natural or adoptive parent of the child.

I have willingly transferred full custody and control of, as well as responsibility for this child to:

The transfer of custody is not solely for the purpose of attending the District's schools.

Date

Signature of individual completing this form

Telephone

Address