State of Illin	ois		
County of			

## 2015-16 Affidavit of Residence

The fields in this form will acce	pt a cursor	and can be filled out prior	to printing.			
(I) (We),		having first been sworn upon (my) (our) oath depose and say as follows:				
That (I am) (we are) the parent(s), foster parent(s), or court ordered lega	ıl guardian(s)	) of		, age,		
and that (his) (her) residence is	(str	eet address), City (Village) of		,		
County, Illinois.						
That the said child's residence within the said school district has not be-	en establishe	ed solely for the purpose of at	ttending the schools there	of.		
That the following facts are sworn to in order to permit the said school	district to en	roll the said child in the school	ols of said district as a resid	dent.		
Length of time both the child <u>and</u> parents, custodial parent or lega	l guardian l	nave resided at the above ac	ddress:			
The said child eats (his) (her) meals regularly 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 residence	○ Yes	○ No				
The said child spends (his) (her) summers regularly at said residence	○ Yes	○ No				
The said child eats (his) (her) meals regularly at said residence	○ Yes	○ 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	,					
Notary Public		<del></del>				