

Affidavit of Residency

Any person who knowingly or willfully presents to the district any false information regarding the residency of a student for the purpose of enrolling that student to attend school in the district, or who knowingly enrolls and student who is not a resident of the district, shall be **guilty of a class C misdemeanor**, punishable by up to 30 days incarceration in the St. Clair County jail **730 ILCS 5/5-8-3** and/or a fine up to \$1500.00 **730 ILCS 5/5-9-1**. **In accordance with Section 10-20.12a**, of the Illinois School Code, any nonresident will be charged tuition for each day enrolled.

This is to verify _____
(Name of Parent)

and my child _____
(Name of Student)

reside exclusively at _____
(Address)

with _____
(Name of person with whom you are residing)

(Date) (Signature)

The Parent and child named above are currently residing exclusively with me at the address listed and I agree to provide the necessary proof of residency to satisfy district guidelines. I further certify that child is not establishing residency for the sole purpose of attending school in the district.

(Signature of person with whom parent is residing) (Signature of Designated School Official)

If renting please provide the following:

(Name of Landlord) (Telephone number of Landlord)

FOR OFFICE USE ONLY

Validated by _____ on _____
(Name) (Date)