

STATE OF ILLINOIS)

COUNTRY OF _____)

AFFIDAVIT OF RESIDENCE

(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), guardian(s) or _____ of
_____ age _____, and that (his) (her) residence is

_____(street address), City (Village) of
_____, _____ County, Illinois, within the
territorial boundaries of _____ School District,
_____ County, Illinois. That the said child's residence within the said
school district has not been established solely for the purpose of attending the schools thereof. That the
following facts are sworn to in order to permit the said school district to enroll the said child in the
schools of said district as a resident:

	YES	NO
The said child eats (his) (her) meals regularly at the said residence	_____	_____
The said child sleeps regularly at the said residence	_____	_____
The said child spends (his) (her) weekends regularly at said residence	_____	_____
The said child spends(his) (her) summers regularly at said residence	_____	_____

FURTHER YOUR AFFIANT SAYETH NOT.

Signature (s)

Address

Subscribed and sworn to before me this
_____ day of _____, 20

Notary Public