



AFFIDAVIT OF RESIDENT REGARDING RESIDENCY OF OTHERS
DISTRICT RECORDS
SCHOOL DISTRICT U-46

Affidavit of Resident Regarding Residency of Others

I, _____, being first duly sworn by a notary
(Owner/lessor of the Residence)

public, state that the following information is true:

1. I reside at: _____
(House#) (Street) (City) (Zip)

My Phone Number is: _____

2. Also residing with me at this address are the following adults who seek to enroll
their child(ren) in school as residents of School District U-46:

Adult Parent/Guardian Name(s)

3. The individual(s) named in No. 2 above have custody and control of the following
children whom they seek to enroll in School District U-46:

Child(ren) Name(s)

4. The individuals named above have been residing with me in my residence since:

5. They are expected to continue residing with me until:

6. The reasons they reside with me are:

Warning and Affirmation

Illinois law has made it a crime, punishable by imprisonment and fine, to knowingly or
willfully present any false information regarding the residency of a student for purposes
of enabling that student to attend on a tuition-free basis or to knowingly enroll or attempt



**AFFIDAVIT OF RESIDENT REGARDING RESIDENCY OF OTHERS
DISTRICT RECORDS
SCHOOL DISTRICT U-46**

to enroll a student on a tuition-free basis when the student is known to be a non-resident of the District. The District will seek prosecution to the full extent of the law of any person who the District believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the District.

I affirm that I am a resident of this District and that the information presented to this Affidavit and in connection with any investigation of my residency or the residency of others who live with me is true, complete and accurate.

***Signature of the School District Resident with Whom Other Adults and Students Live**

Dated

*Subscribed and Sworn to before me on this _____ day
of _____, 20_____

Notary Public

****Parent/Guardian Initials Required Below**

**** _____ I further understand that this Affidavit expires at the end of the current school year and as parent/guardian I am required to provide updated proof of residency documents prior to completing my student's registration for the following school year.**

(Parent/Guardian Signature)

(Parent/Guardian Print Name)

(Date)