

**AMBOY COMMUNITY UNIT SCHOOL DISTRICT #272
AFFIDAVIT OF ENROLLMENT & RESIDENCY (NON-CUSTODY)**

This form is used when the child is not living with a natural or adoptive parent. It must be completed by the individual who has assumed custody. Read **Important Warning** and submit this form with your signature. The School District reserves the right to evaluate the evidence presented and require further documentation.

Please list student(s) enrolling in Amboy CUSD 272 below (please print):

FIRST and LAST NAME OF STUDENT(S)	GRADE
_____	_____
_____	_____
_____	_____
_____	_____

Check all applicable boxes:

- The child lives with me at my residence address, as stated below.
The child lives with me because: _____
The child will be living with me until: _____
- I have assumed and exercise full legal responsibility for and control of the child regarding daily educational and medical decisions, including responsibility for:
- | | |
|---|--|
| <input type="checkbox"/> medical decisions and costs | <input type="checkbox"/> food and clothing |
| <input type="checkbox"/> discipline and restitution for vandalism or other crimes | <input type="checkbox"/> school fees |

At my residence the child regularly: *(Please explain any unchecked boxes)*

Eats meals _____

Sleeps _____ nights/week _____

Spends weekends and summers/school breaks _____

I, _____
(Name of Adult)

RESIDE AT _____

CITY _____ ZIP CODE _____ TELEPHONE _____

SIGNATURE **DATE**

My relation to the above named student(s) is _____

IMPORTANT WARNING: A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law. 105 ILCS 5/10-20.12b(e).

School Authority's Initials _____ **Proof of Residency Received** _____ **DATE** _____