

Edwards County Community Unit School District #1

Affidavit of Residence

I/We, _____ certify the following:

That (I am) (we are) the parent(s), foster parent(s), or guardian(s) of

_____ age _____, and that his/her residence is _____
(Students Name) (Street Address)

City or Village of _____, _____ County, Illinois

Within the territorial boundaries of Edwards County Community School District No. 1.

That the said child's residence within the said district has not been established solely for the purpose of attending the school thereof. That the following facts are sworn to in order to permit the said school district to enroll or maintain enrollment of said child in the schools of said district as a resident:

	Yes	No
1. The said child eats his/her meals regularly at the said residence	_____	_____
2. The said child sleeps regularly at said residence	_____	_____
3. The said child spends his/her weekends regularly at said residence	_____	_____
4. The said child spends his/her summers regularly at said residence	_____	_____

Please state the reasons why the students is living at said residence:

By signing below, I indicate that the above information is truthful and accurate to the best of my knowledge. Please note that falsifying any information on this document is a Class C Misdemeanor punishable by law.

Signature(s) Date

Address

To be completed if said parent does not own or rent:

By signing below, I confirm that _____ and _____
(Child) (Parent)
does reside at my residence which is located within the boundaries of Edwards County School District.

Signature Date

Address