

Westchester Public Schools, District 92½
RESIDENCY ATTESTATION FORM B-1

To be completed by the parent(s)/guardian(s) of the student who is living with a District resident.

NAME OF STUDENT: _____

Date of Birth: _____ Grade Level: _____

1. Your name: _____

2. Are you a parent of the above-named student? _____

3. Your present address _____

4. Does the student live with you? _____ Full time? _____ Part time? _____

If part time:

a) What portion of the time does the student live with you? _____

b) How many nights per week or month? _____

c) What days of the week or month? _____

d) What weeks or months of the year? _____

e) Does the student live with you during school holidays and breaks? _____

f) For the times the student is not living you, where and with whom is the student living? _____

5. If the student is not living with you:

a) How long has he/she not lived with you? _____

b) With whom and at what address does the student live? _____

c) How long in the future do you intend the student to live at that address? _____

d) State the reasons why the student is not living with you: _____

e) Who else lives with you and what is each person's relationship to the student? _____

f) Describe the student's typical morning routine on school days [including where and when student wakes up and how the student gets to school]: _____

g) Describe the student's typical after school/evening routine [including where the student goes after school, how the student gets there, and when and where the student eats dinner and sleeps]: _____

h) At what address(es) are the student's clothes kept? _____

i) At what address(es) are the student's other belongings kept? _____

j) Indicate below the times the student has visited you at your present address during the past year:

- Number of nights (approximately) including weekends: _____
- Number of weekends (approx.): _____
- Winter vacation _____
- Spring vacation: _____
- Number of school holidays (approx.): _____
- Summer vacation: _____
- Other: _____

k) Indicate below the times you have visited the student during the past year at the address where the student lives:

- Number of nights (approximately) including weekends: _____
- How often at mealtimes (approx.) including weekends: _____
- How often on weekdays (approx.): _____
- How often on weekends (approx.): _____
- Winter vacation: _____
- Spring vacation: _____
- Number of school holidays (approx.): _____
- Summer vacation: _____
- Other: _____

6. Give each address at which the student has lived during the last five (5) years, the periods of time the student lived at each address, the individuals who also lived at the address at that time, and the reason(s) for leaving:

<u>Address</u>	<u>Dates Lived at Address & Who Lived at Address</u>	<u>Reason(s) for Leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Do you currently own or rent your place of residence? ____ Own ____ Rent ____ Other
- a) If you own your home, please give address: _____

- b) If you are renting, please provide the name and address of your landlord and provide a copy of your lease: _____

- c) If you neither own nor rent your place of residence, please explain: _____

(Note: The person with whom you live will need to complete additional documentation.)
8. If you live at your current place of residence outside the District due to a military service obligation, please explain the nature and expected duration of the military service obligation: _____

9. Who provides the student's living expenses and costs? _____

- a) If living expenses and costs are shared, please indicate the arrangements for sharing such expenses: _____

10. Who is responsible for the discipline and control of the student? _____

11. Who is financially responsible for any damages caused by the student? _____

12. In the event of an accident or other emergency, who may direct and consent to medical treatment and sign any releases required? _____

13. Who makes decisions regarding the student's medical needs and treatment? _____

14. Who makes decisions regarding the student's education? _____

15. Briefly state who enrolled the student in the District and the reasons why the student was enrolled in this District: _____

16. Do you have legal custody of the student? _____
- a) If not, please state the name and address of the person(s) having legal custody: _____

b) State the reasons why you do not have legal custody: _____

17. Who claims the student as a dependent on their federal income tax return? _____

18. Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the named student to any person. If to your knowledge there are no such documents, please check this box.

No Such Document

19. Does anyone receive Illinois public aid payments for the student? If so, who? _____

20. Provide any additional information which may help to establish the student's residency or which is otherwise relevant to the question of the student's residency: _____

AFFIDAVIT

The Residency Attestation Form B-1 must be completed by the parent/guardian of a student who is living with a District resident. It is contrary to the policy of the Board of Education to admit students who do not legally live with their parents or legal guardians within District 92½ boundaries. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of information on this form or otherwise submitted to the District may result in your child being excluded from school, and may expose you to monetary liability under Illinois law for payment of tuition for such time as your child was illegally enrolled in the District. Further, 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-fee basis or to knowingly enroll or attempt 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. Any costs associated with investigation into fraudulent residency will be sought after from those attempting to enroll illegally, including annual tuition.

By signing below, I affirm that my student lives with another person who is a resident of this District and that the information presented in this form or in connection with any investigation of my residency or the residency of the student is true, complete, and accurate. My signature below also gives permission to District 92½ to contact individuals having knowledge of current residency, including but not limited to landlords, lease holders, relatives where indicated, previous schools, etc.

Print name of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

STATE OF ILLINOIS
COUNTY OF _____

The above signed, begin duly sworn, states that the answers to the above and foregoing questionnaire are true and correct.

SUBSCRIBED AND SWORN to
before me this ____ day
of _____, 20____.

Notary Public

(Seal)

For Office Use Only:		
Received by: _____	Date Completed: _____	
Copies to _____ WPS	_____ WIS	_____ WMS