

Westchester Public Schools, District 92½
RESIDENCY ATTESTATION FORM B-2

To be completed by the person (non-parent/guardian) with whom the student lives in the District.

NAME OF STUDENT: _____

Date of Birth: _____ Grade Level: _____

1. Your name: _____

2. What is your relationship to the 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? _____

g) How long will the student be living with you? _____

5. a) Indicate below the times the student has visited his/her parents at their present address during the past year:

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

b) Indicate below the times the parents 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. State the reasons why the student is living with you: _____

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

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

9. 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]*: _____

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

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

12. Do you currently own or rent your place of residence? ____ Own ____ Rent ____ Other (if other, explain): _____

13. 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: _____

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

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

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

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

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

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

20. Do you have legal custody of the student? _____
- a) If not, state the name and address of the person who does: _____

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

21. 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 indicate in the space below.
[] No such documents
22. Does anyone receive Illinois public aid payments for the student? If so, who? _____

23. 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-2 must be completed by the District resident (non-parent/guardian) with whom the student lives within the boundaries of Westchester Public Schools, District 92½. 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 I am 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 District resident _____ Date _____

Signature of District resident _____ 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