

Students**7:60-AP2, E3 - Exhibit – Evidence of Non-Parent’s Custody, Control, and Responsibility of a Student**

This form establishes a child’s residency in the School District when the child is not living with a natural or adoptive parent. It must be completed by the individual who has assumed custody. Read the **Important Warning** and submit this form with your signature at the time of registration.

Student Name(s)	School of Attendance	Indicate if Student has an IEP
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Please check all applicable boxes:

- ☐ The child(ren) lives with me at my residence address, as stated below, and is not living with me solely for the purpose of attending the District’s school, **but is living with me for the reason stated below:**

Reason: _____

- ☐ 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 (books, bus, etc.) |

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

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Eats meals _____ | <input type="checkbox"/> Sleeps _____ |
| <input type="checkbox"/> Spends weekends and summers _____ | |

Date	Signature of individual completing this form
_____	_____
Phone number	Address
_____	_____

To be completed by the natural or adoptive parent(s), if one is available.***Please check all applicable boxes:***

- ☐ I am the natural or adoptive parent of the child.
- ☐ I have willingly transferred full custody and control of, as well as responsibility for this child to:
- _____
- ☐ The transfer of custody is not solely for the purpose of attending the District’s schools.

Date	Signature of individual completing this form
_____	_____
Phone number	Address
_____	_____

Important Warning: The School District reserves the right to evaluate the evidence presented. Completing this form does not guarantee admission. If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for nonresident tuition from the date the student began attending a District school as a nonresident.

_____ **Initial**

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)). _____ **Initial**

A person who knowingly or willfully presents to the School District any false information regarding a student’s residency to enable that student to attend any school in the District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)). _____ **Initial**

Date	Signature of individual completing this form	Approved
Approved by Bd:		