

**Central Community Unit School District 301
Affidavit of Residence
2009-2010**

I/We, _____ having first been sworn upon my/our oath depose and say as follows:

That I/We are the parent(s), foster parent(s), or guardian(s) of _____,
age(s) _____, and that my and his/her residence is _____,
Kane County, Illinois, within the territorial boundaries of Central Community Unit School District 301, Kane and DeKalb Counties,
Illinois. That the said child's residence within the said school district has not been established solely for the purpose of attending
the schools thereof. That the following facts are sworn to in order to permit that said school district to enroll the said child(ren) in
the schools of said district as a residence:

| | Yes | No |
|--|-------|-------|
| Does said child(ren) eat meals regularly at said residence? | _____ | _____ |
| Does said child(ren) sleep regularly at said residence? | _____ | _____ |
| Does said child(ren) spend weekends regularly at said residence? | _____ | _____ |
| Does said child(ren) spend summers regularly at said residence? | _____ | _____ |

The parties signing this affidavit agree that their statements are made so that District 301 will accept _____
as a resident student(s) of the district. If any such statement is untrue or misleading, the student(s) will not qualify as a resident.
In addition, enrolling the student(s) based upon false statements may be a violation of Chapter 38, Section 16-3 of the Criminal
Code of Illinois. If you are convicted of that offense, which is theft of services, you could be fined up to \$1,000.00 and/or
imprisoned for up to one year.

Further, I/We agree that, should any statement herein be found to be false, and the residence of the student(s) under my/our
care, control, and support be other than that represented; I/We will, as required by law, pay District 301 tuition in the amount of
the per capita cost for maintaining this school in the previous year. The present rate of tuition is \$62.79 per student per day.

Parent/Guardian signature(s) Date

Address, city, and zip code

Signed and sworn to (or affirmed) before me, On _____
(Mo/Day/Year)

Notary Public

(SEAL) My Commission Expires _____

Reviewed and approved by: (Proof of residence must be provided and attached.)

Administrator's Signature Date