December 2018 7:60-AP2, E3

Students

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 **Important Warning** and submit this form with your signature to the Building Principal.

Student's name		District attendance building
Name of individual comp	oleting this form (<i>Please print</i>)	Relationship to child
Please check all applie	cable boxes:	
purpose of attending I have assumed and and medical decision medical decision	the District's school. exercise full legal responsibility as, including responsibility for: s and costs	s stated below, and is not living with me solely for the for and control of the child regarding daily educational food and clothing
At my residence the child Eats meals Sleeps	stitution for vandalism or other of regularly: (<i>Please explain any</i> s and summers	
this form does not guara tuition must be charged	ntee admission. If a student is o	the right to evaluate the evidence presented. Completing determined to be a nonresident of the District for whom the tare liable for nonresident tuition from the date the t.
known by that person to	y enrolls or attempts to enroll a b be a nonresident of the Distri ned in State law (105 ILCS 5/10	in this School District on a tuition-free basis a student ct is guilty of a Class C misdemeanor, except in very 1-20.12b(e)).
residency to enable that		nool District any false information regarding a student's he District without the payment of a nonresident tuition 10-20.12b(f)).
Date	Signature of individual compl	eting this form
Telephone	Address	
Optional: To be comp Please check all applie		ive parent(s), if one is available.
☐ I am the natural or a	doptive parent of the child.	of, as well as responsibility for this child to:
The transfer of custo	ody is not solely for the purpose	of attending the District's schools.
Date	Signature of individual completing this form	
Telephone	Address	