<u>Exhibit – Letters of Residence to Be Used when the Person Seeking to Enroll a Student is Living with a District Resident</u>

A person seeking to enroll a child should use this form as evidence of residency when he or she cannot produce a lease, purchase property agreement, or other similar document – other documents will also be required to establish residency. The School District reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

RESIDENCY AFFIDAVIT - SECTI	ON 1		
To be completed by the individual enrolling	the child. Please print.		
Child	Sc	chool	
Individual enrolling the child		Parent/Guardian Telephone	
Relationship to the child			
Residence street address	City	Zip code	
Signature of the individual enrolling the studer	nt Da	ate	
I am providing a copy of my Driver's I	License/Matriculation Card with In-District addr	ress.	
I understand there is a 5-day period for affidavit is approved I am providing the following as addition Bank Statement Change of Address Form	•	y residency in the district before this	
Other I have read and understand the following:			
does not guarantee admission. The Disactual residency in the District in sub residency into question. Initials WARNING:	to evaluate the evidence presented. Presenting the strict also reserves the right, on a case-by-case basis sequent years in light of information brought to the	s, to require parents/guardians to reaffirm their te attention of the District that may call their	
	sident of the District for whom tuition must be charged the student began attending a District school as a non-		
	empts to enroll in this School District on a tuition-fre a Class C misdemeanor, except in very limited situa		
	presents to the School District any false information any school in the District without the payment of a b(f).		
AFFIDAVIT AT ANY TIME DURING TH	ONNEL MAY INVESTIGATE INFORMAT E SCHOOL YEAR OF ATTENDANCE. I G K STATUS OF MY RESIDENCE AT ANY T EESIDENCE.	GIVE PERMISSION FOR	
Name of person seeking to enroll student(s) (P	'rinted) Name of person seeking	ng to enroll student(s) (Signature)	
Date:	Phone:		

RESIDENCY AFFIDAVIT - SECTION 2 To be completed by District resident. Please print. (The District resident must present proof of residency within the

I.	, hereby state that I live at	
District Resident	Street Address	
, Illinois		
City Student	t(s), person or people living with District resident (list ALL living at residence)	
has lived with me since	for the following reasons (state any	
and ALL reasons):		
I am responsible for this residence by \(\square\) own	ership,	
Number of rooms: N	Number of bedrooms:	
Total number of persons living in dwelling: _		
Signature of the individual who is responsible I have read and understand the following IMPORTANT: The School District reserves the right to does not guarantee admission. The District their actual residency in the District in state their residency into question. Initials WARNING: A person who knowingly or willfully preserved.	evaluate the evidence presented. Presenting the items listed in this Administrative Procedurict also reserves the right, on a case-by-case basis, to require parents/guardians to reaffects subsequent years in light of information brought to the attention of the District that may be exents to the School District any false information regarding the residency of a student for d any school in the District without the payment of a nonresident tuition charge is guilty	
THIS AFFIDAVIT AT ANY TIME D PERMISSION FOR GRAYSLAKE DIS	CRSONNEL MAY INVESTIGATE INFORMATION REGARDING URING THE SCHOOL YEAR OF ATTENDANCE. I GIVETTICT 127 TO CHECK THE STATUS OF MY ASE ANY INFORMATION PERTAINING TO MY RESIDENCE.	
Name of District Resident (Printed)	Name of District Resident (Signature)	
Date:	Phone:	
NOTARY SIGNATURE AND SEAI	L REQUIRED:	
Notary Signature	Notary Seal	
Notary Date	_	