

AFFIDAVIT OF RESIDENCE

Name of Student: _____

Name of parent(s)/guardian(s): _____

Legal 911 Address: _____
(Not P.O. Box)

Telephone CITY ZIP

Circle one

1. Does this student regularly spend his/her evenings & weekends at this address? Y N
2. Does this student spend his/her summers at this address? Y N
3. I/We affirm that I/we live within the boundaries of the Joppa-Maple Grove Unit School District, that I am/we are the parent(s)/guardian(s) of the above named student and that the above named student lives with me/us. Proof of residency is attached. Y N
4. I/We affirm that the student's residence with the Joppa-Maple Grove Unit School District was not established solely for the purpose of attending district schools. Y N
5. I/We understand that if the named student is not eligible for tuition-free enrollment in the Joppa-Maple Grove Unit School District that I/we will be responsible for paying the tuition, as determined by Board Policy and Illinois School Code. Y N
6. I/We understand that it is a Class C misdemeanor to knowingly enroll or attempt to enroll a non-resident student into the Joppa-Maple Grove Unit School District without paying tuition or to knowingly or willfully present to the said district or any school district false information regarding the residency of the named student. Y N

The filing of this AFFIDAVIT OF RESIDENCE does not assure enrollment in the District. If a N is circled in response to any of the above statements the named student may not be enrolled into the Joppa-Maple Grove Unit School District, until the student's residency is clearly established. Please make an appointment with the Principal to clarify any questions about this student's residency.

Signature(s) of parent(s)/guardian(s):

Mailing Address:

DATE: _____

OFFICE USE ONLY	
DATE: _____	
___ Property Tax Receipt	
___ Driver's License	
___ Court Ordered Guardianship	
___ Rent Receipt, Month _____	
___ Utility Bill, Month _____	
___ Residence located on Dist. Map	
___ Other _____	