



Jean F. Burkholder Administrative Service Center
1101 E. University Ave., Suite B
Urbana, IL 61802
www.usd116.org

State of _____
County of _____

AFFIDAVIT OF RESIDENCE

To be completed upon enrollment into Urbana School District 116 by parent, guardian, or other person with whom the student currently lives.

NOTE: Any person who knowingly enrolls or attempts to enroll in the schools of a school district on a tuition-free basis a student known by that person to be a non-resident of the district or any person who knowingly or willfully presents to any school district any false or misleading information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form can be referred for criminal prosecution.

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

1. That I am/We are the parents(s), foster parent(s), guardians(s) or _____ of _____ age, _____ and that his/her residence is at _____ in the city of _____, _____ County, Illinois. Residence is being provided by _____ and is required to provide proof of residency.
2. That the child's residence within the school district has been established because _____.
3. That the child established this residence on _____ and intends to remain until _____.

I/We swear the following responses to the questions asked below are true and accurate to the best of my/our knowledge:
(Please answer with address of where these events predominantly occur or who provides).

- Where does the child regularly eat? _____
- Where does the child regularly sleep? _____
- Where does the child regularly spend his/her weekends? _____
- Where does the child spend his/her summers? _____
- Who provides medical insurance for the child? _____
- Who pays for the support of the child? _____
- Who is called in case of an emergency at school? _____
- Who is authorized to consent to medical treatment for the student? _____
- Who claims the student as a dependent for federal income tax purposes? _____
- To whom is the student's report card sent? _____
- Who disciplines the child? _____
- Where did the student attend school last year? _____

SUBSCRIBED AND SWORN to _____
before me this _____ day _____
of _____, 20_____

Notary Public Signature

_____ Resident Provider Signature
_____ Family Signature(s)
_____ Street address
_____ City, State, Zip code