State of Illinois)
County of)
2019-20 A	Affidavit of Residence
(I) (We),	having first been sworn upon (my
(our) oath depose and say as follows:	
That (I am) (we are) the parent(s), foster p	parent(s), or court ordered legal guardian(s) of
	, age, and that (his) (her
	(street address), City (Village) o
	County, Illinois, within the
territorial boundaries of	School District
	County(ies), Illinois. That the said child's
	has not been established solely for the purpose of
attending the schools thereof. That the fe	ollowing facts are sworn to in order to permit the said
school district to enroll the said child in the	
Length of time both the child and p	parents, custodial parent or legal guardian have
resided at the above address:	
The said child eats (his) (her) meals regula	
The said child sleeps regularly at said resi	idence Yes No
The said child spends (his) (her) weekends regularly at said residence Yes No _	
The said child spends (his) (her) summers	s regularly at said residence Yes No
Child provides% of (h	is) (her) support.
FURTHER YOUR AFFIANT SAYETH NO	T.
	Signature(s)
	Signature(s)
	Address
	Address
Subscribed and sworn to before me	
this,,	
Notary Public	

19-20ResAffidavit