Students

Exhibit - Evidence of Non-Parent's Custody, Control, and Responsibility of a Student

This form is used 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. The School District reserves the right to evaluate the evidence presented and require further documentation. Completing this form does not guarantee admission.

Student's name	School
Name of individual completing this form (<i>Please print</i>)	Relationship to child
Please check all applicable boxes:	
The child lives with me at my residence address, as s The child lives with me because: The child will be living with me until:	tated below.
☐ I have assumed and exercise full legal responsibility	for and control of the child regarding daily educational (attach copies of any agreements, judgments, decrees food and clothing school fees (books, bus, etc.)
At my residence the child regularly: (<i>Please explain any</i> Eats meals Sleeps nights/week (<i>explain if less than 7 nig</i>	
☐ Spends weekends and summers/school breaks	
IMPORTANT WARNING: If a student is determin must be charged, the persons enrolling the student are libegan attending a District school as a nonresident.	
A person who knowingly enrolls or attempts to enroll in known by that person to be a nonresident of the District limited situations as defined in State law. 105 ILCS 5/10-	t is guilty of a Class C misdemeanor, except in very
A person who knowingly or willfully presents to the Schoresidency to enable that student to attend any school in the charge is guilty of a Class C misdemeanor. 105 ILCS 5/10	e District without the payment of a nonresident tuition
Date Signature of individual comple	ting this form
Telephone Address	_
Optional: To be completed by the natural or adopti	ve parent(s), if one is available.
Please check all applicable boxes:	
☐ I am the natural or adoptive parent of the child.	
	of, as well as responsibility for this child to (attacher documents giving the person named below custody):

7:60-AP2, E3 Page 1 of 2

☐ I have transferred custody and control of my child to the above-named person because:		
Dete		
Date	Signature of individual completing this form	
Telephone	Address	
DATED: Octob	21 2022	

DATED: October 31, 2022

7:60-AP2, E3