

Students' Last Name: _____

Home Telephone Number: _____

Office Use
Approved: _____
Date: _____
Own: _____
Rent: _____
Military: _____

LIST ALL STUDENTS IN FAMILY IN THE SPACES BELOW

First name: _____	School: _____
_____	_____
_____	_____
_____	_____

Glenview School District #34
AFFIRMATION OF LEGAL RESIDENCY

I, _____, hereby state that I live at (address) _____, and have lived there since _____, and by this residency am legally entitled to have my child(ren) attend the Glenview Public Schools. The child(ren) named above will be residing at this address during the 2009-2010 school year.

You MUST check one of the following boxes:

- I consider this address to be my permanent address
- I have no permanent residence at this time, but am temporarily living at the above address due to loss of housing or hardship. (If this box is chosen, please complete and attach NSBE form 83-04H.)

I understand that if, as the custodial parent or legal guardian, I move outside of the legal boundaries of District #34 during the school year, it is my responsibility to notify the principal that I am no longer a legal resident.

In signing this document, I acknowledge having read and understood the following:

A person who knowingly or willfully presents to a District representative any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school of the District without payment of a non-resident charge shall be guilty of a Class C misdemeanor. (105ILCS 5/1-2012b.)

As confirmation of my residence above, a copy of the documents as specified on the Proof of Residency Requirement form have been sent by mail or presented to the appropriate school district official.

I understand that if the information above is determined to be false or misleading, resulting in the student named above to not be legally entitled to attendance at Glenview School District #34, the school district may take legal action to recoup valid tuition charges (estimated \$12,000.00 per annum) plus legal fees which will be my responsibility.

Date: _____

 Signature of resident who is the parent, guardian or custodian of above student(s).