## Students

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

This form establishes a child's residency in the School District 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.

Student's name	District attendance building
Name of individual completing this form (Please print)	Relationship to child
Please check all applicable boxes:	
purpose of attending the District's school.	s stated below, and is not living with me solely for the for and control of the child regarding daily educational
and medical decisions, including responsibility for:	_
medical decisions and costs	food and clothing
discipline and restitution for vandalism or other of	crimes school fees (books, bus, etc.)
At my residence the child regularly: (Please explain any	unchecked boxes)
Eats meals	
Sleeps	
Spends weekends and summers	

**Important Warning:** The School District reserves the right to evaluate the evidence presented. Completing this form does not guarantee admission. If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e).

A person who knowingly or willfully presents to the School District any false information regarding a student's residency to enable that student to attend any school in the District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f).

Date	Signature of individual completing this form
Telephone	Address
<b>Optional</b> : To be com	pleted by the natural or adoptive parent(s), if one is available.
Please check all appli	icable boxes:

I am the natural or adoptive parent of the child.

Address

I have willingly transferred full custody and control of, as well as responsibility for this child to:

The transfer of custody is not solely for the purpose of attending the District's schools.

Date

Signature of individual completing this form

Telephone

DATED: October 10, 2007