

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 parent (s), or court ordered legal guardian (s) of
_____, age _____, and that (his) (her) residence is
_____ (street address), city (village) of _____,
_____, Mason County, Illinois, within the territorial boundaries of Havana
School District, Mason County, Illinois. That the said child's residence within the said school district
has not been established solely for the purpose of attending the schools thereof. That the following
facts are sworn to in order to permit the said school district to enroll the said child in the schools of
said district as a resident.

Length of time both the child and parents, custodial parent or legal guardian have resided at the above
address: _____

The said child eats (his) (her) meals regularly at said residence Yes _____ No _____

The said child sleeps regularly at said residence Yes _____ No _____

The said child spends (his) (her) weekends regularly at said residence Yes _____ No _____

The said child spends (his) (her) summers regularly at said residence Yes _____ No _____

Child provides _____ % of (his) (her) support.

Signature(s)

Address