

# Plainfield Community Consolidated School District 202

We prepare learners for the future.



## Administration Center

15732 Howard Street  
Plainfield, IL 60544

(815) 577-4000 – telephone  
Web: [www.psd202.org](http://www.psd202.org)

## Guardianship Affidavit

When the child does not live with natural or  
adoptive parent or court ordered guardian.

### I.

Answers to the following inquiries are necessary in determining residency for school attendance. This form is to be completed by the adult who demonstrates, that he or she has assumed legal responsibility over the student, and provides the student with a regular fixed nighttime dwelling. (Subject to approval by school administration)

### II.

IF YOU PROVIDE AN ANSWER WHICH YOU KNOW IS FALSE, YOU CAN BE CRIMINALLY PROSECUTED FOR PERJURY.

### III. General Information

1.	Name of student	
	Age	
	Grade in school	
2.	Address where student presently lives	
3.	Name of Mother	
4.	<b>Where does Mother live?</b>	
5.	Name of Father	
6.	Where does Father live?	
7.	Are parents divorced?	

### IV.

8.	Who has custody of student?	
9.	What is the date of the divorce decree?	
10.	A certified copy of the divorce decree, order of custody and/or joint parenting agreement and any amendments thereto must be furnished.	

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### V. IF STUDENT IS NOT LIVING WITH A PARENT:

11.	Name of person(s) with whom the Student lives.	
12.	What is your relationship to the student?	
13.	Your present address.	
14.	Your present phone number.	
15.	a. Does the student live with you full-time?	
	b. If part-time, state what portion of time the student lives with you and where and with whom he or she	
	c. When did the student begin living with you?	
	d. How long do you intend to have the student live with you?	
16.	Indicate below the times the student will visit his or her custodial parent at his or her present address during the upcoming year.	
	a. Approximately how many nights (including weekends)	
	b. Approximately how often at meal times (including weekends)	
	c. Approximately how often on weekends	
	d. Approximately how often on weekdays	
	e. Winter (Christmas) vacation	
	f. Spring vacation	
	g. Approximately how many school holidays	
	h. Summer vacation	
	i. Other	

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17.	Indicate below the times the custodial parent will visit the student during the upcoming year.	
	a. Approximately how many nights (including weekends)	
	b. Approximately how often at meal times (including weekends)	
	c. Approximately how often on weekends	
	d. Approximately how often on weekdays	
	e. Winter (Christmas) vacation	
	f. Spring vacation	
	g. Approximately how many school holidays	
	h. Summer vacation	
	i. Other	
18.	State the reason(s) why the student is living with you:  <hr/> <hr/> <hr/> <hr/> <hr/>	
19.	List the names and locations of each school the student has attended during the past five years and the dates of attendance.  <hr/> <hr/> <hr/> <hr/> <hr/>	
20.	a. Do you own a residence (home)?	
	b. If so, what is the address?	
	c. Are you occupying your present place of residence as a tenant?	

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	d. If so, give the name and address of your landlord or management company.	
	e. How long do you intend to reside at the place where you are presently residing?	
21.	a. Who provides the student's living expenses and costs?	
	b. If living expenses and costs are shared, please indicate the arrangements for sharing such expenses.	
	c. Is the person(s) with whom the Student is staying paid any money for food, housing, or for keeping the student?	
	d. Do you pay any money for the student?	
22.	a. Who is responsible for the discipline and control of the student?	
	b. Does the person(s) with whom the Student is staying have authority to discipline the student?	
	c. Who is financially responsible for any damages caused by the student?	
	d. In the event of an accident or other emergency, who may direct and consent to medical treatment and sign any releases required?	
23.	Briefly state who enrolled the Student in the School District and the reasons why the Student was enrolled in the District.	
24.	Do you have court approved custody or guardianship of the student?	
	a. If yes, why was the guardianship secured?	
	b. Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the named student to any person. If to your knowledge there are no such documents, please check below.  <input type="checkbox"/> No such documents	
	c. If not, state the name and address of the person who does:	

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25.	Where did the Student reside during the previous summer?																																	
26.	Who declares the Student as a dependent for income tax purpose?																																	
27.	Who is authorized to receive report cards?																																	
28.	Who would attend Parent conferences at the school?																																	
29.	Who would receive notifications in case of Student discipline, suspension or expulsion?																																	
30.	On Saturdays and Sundays, where does the Student stay?																																	
31.	Where does the Student take his or her meals?																																	
	a. From Monday through Friday?																																	
	b. On Saturdays and Sundays?																																	
32.	List the names and ages of any brothers and sisters, where they live and where they attend school.																																	
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Name</th> <th style="text-align: left; width: 10%;">Age</th> <th style="text-align: left; width: 30%;">Address</th> <th style="text-align: left; width: 30%;">School Attended</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Age	Address	School Attended	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
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33.	Provide any additional information which may help to establish your residency and the student's residency or which is otherwise relevant to the question.																																	

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In executing this affidavit, I acknowledge having read and understand the following:

**"If a pupil is determined to be a nonresident of the District for whom tuition is required to be charged pursuant to this section, the School Board shall refuse to permit the pupil to continue attending the schools of the District unless the required tuition is paid for the pupil." "A person who knowingly or willfully presents to any School District any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that District without the payment of a non-resident tuition charge shall be guilty of a Class C Misdemeanor." (105 ILCS 5/10-20.12b)**

I understand that if the information provided in connection with this Affidavit is determined to be false or misleading, resulting in the child/children named above to not be legally entitled to attendance in Plainfield Community Consolidated School District 202, the School District will take legal action to recoup valid tuition charges and legal fees.

The Student's residence within the School District has not been established solely for the purpose of attending the schools thereof. The foregoing facts are sworn to in order to induce the School District to enroll the student in the schools of the District.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

I HEREBY SWEAR THAT THE ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT AND I UNDERSTAND THAT I MAY BE SUBJECT TO CRIMINAL PROSECUTION FOR PERJURY IF I HAVE KNOWINGLY ANSWERED ANY OF THE QUESTIONS FALSELY.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF ILLINOIS)

SS.)

COUNTY OF WILL)

I do hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Did state on oath that the answers to the questions on the foregoing document were true and correct to the knowledge of the affiant.

\_\_\_\_\_  
Notary Public

▼  
Notary Seal  
▼