

ASSURANCE OF RESIDENCY

To: Parent and Legal Guardians:

After Reading the following statement, please sign the blank below the statement. This statement is recommended as a method for school districts to have parents confirm legal residency.

(Student Name)

(Student Name)

(Student Name)

(Student Name)

I assure Community Unit School District No. 2 that the student(s) listed above reside(s) with the student's parent(s) or legal guardian(s) within the boundaries of Community Unit School District No. 2 or has been placed in a Community Unit School District No. 2 school because of his/her placement in a special education program.

I understand that knowingly supplying false information about my son's/daughter's residency to gain entry into a Community Unit School District No. 2 school is illegal (105 ILCS 5/10-20/12b) and will result in the student being denied continued enrollment and tuition charges.

(Date)

(Parent/Legal Guardian Signature)

Address (other than P.O. Box)

Phone Number