



Robinson Community Unit School District No. 2
PO Box 190, 1301 North Allen Street
Robinson, IL 62454



ILLINOIS ASSOCIATION
OF SCHOOL BOARDS

Office of the Superintendent, Mr. Kyle Klier
"WHERE STUDENTS COME FIRST"

Phone: 618-544-7511
Fax: 618-544-9284

Date: July 14, 2025

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)

"Providing a pathway that leads to the success of every student"