

Batavia Public School District 101

7:060-E3 Evidence of Non-Parent's Custody, Control, and Responsibility of a Student

State of Illinois, County of Kane

I, _____, currently reside at _____,
Name of parent/guardian *Address*

which is located within the boundaries of Batavia Public School District 101 and I am the parent/
guardian of _____.
Name of student(s)

Please provide the appropriate information and check each of the following that apply:

- I am at least 18 years of age.
- I have provided proof that I am a resident of Batavia Public School District 101.
- I have assumed and exercise full legal responsibility for and control of the child regarding daily educational and medical decisions, including responsibility for:
 - Medical decisions and costs
 - Food and clothing
 - School fees (books, bus, etc.)
 - Discipline and restitution for vandalism or other crimes
- I provide a fixed, nighttime abode for the student indicated above, who stays with me at this address _____ nights per week.
of nights per week
- The student indicated above is not living with me for the purposes of having access to the educational programs of the School District.
- I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.
- I understand that knowingly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis when I know that pupil to be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is a Class C misdemeanor.

I hereby state that the information above is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete, and relevant information has not been omitted.

Signature of individual completing this form

Address

Date

Telephone



To be completed by the natural or adoptive parent(s), if available:

Please check all applicable boxes:

- I am the natural or adoptive parent of the child.
- I have willingly transferred full custody and control of, as well as responsibility of this child to:

- The transfer of custody is not solely for the purpose of having access to the educational programs of the School District.

I hereby state that the information above is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete, and relevant information has not been omitted.

Signature of Parent

Address

Phone Number

Date

Notary Public

Date

