Office Use Only: Check Amt.: Check #: ______

Superintendent of Schools Antioch C.C.S.D. # 34 964 Spafford Street Antioch, IL 60002

| I am under contract to purchase a home within the boundaries of District 34 and wish to enroll my child/children on a tuition-paying basis until such time as I become a legal resident of the school district. The anticipated closing date on my home is within 61 days at which time I will be a legal resident of the district and my child/children will be entitled to attend District 34 schools as a resident. Attached is my proof of my intended residency in District 34 at | | | |
|---|---|---|---|
| | | Please admit my child | (first & last name) into grade at |
| | | (circle one): Hillcrest Elementary School Oakland Elementary School W.C. Petty Elementary School | Antioch Upper Grade School |
| | | Please admit my child(circle one): | (first & last name) into grade at |
| | | Hillcrest Elementary School Oakland Elementary School | W.C. Petty Elementary SchoolAntioch Upper Grade School |
| Please admit my child(circle one): | (first & last name) into grade at | | |
| Hillcrest Elementary School Oakland Elementary School | W.C. Petty Elementary SchoolAntioch Upper Grade School | | |
| Signed, | | | |
| Parent/Guardian | Date | | |
| Current Address: | | | |
| Approved admission as tuition paying student: | | | |
| Superintendent | Date | | |