

## **Antioch School District 34**

Administration Office 964 Spafford Street Antioch, IL 60002-1542 (847) 838-8401 (847) 838-8404 Fax

## Evidence of Non-Parent's Custody, Control, and Responsibility of a Student

This form establishes a child's residency in the School District when the child is not living with a natural or adoptive parent. The individual who has assumed custody must complete it. Read **Important Warning** and submit this form with your signature to the Building Principal.

Student's name		District attendance building
Name of individual completing	g this form ( <i>Please print</i> )	Relationship to child
Please check all applicable bo	ixes:	
$\Box$ The child lives with me at r	ny residence address, as stated b	elow, and is not living with me solely for the purpose of
attending the District's scl	nool.	
$\square$ I have assumed and exercise	se full legal responsibility for and	control of the child regarding daily educational and
medical decisions, includir	g responsibility for:	
☐ medical decisions	and costs	$\square$ food and clothing
$\square$ discipline and rest	itution for vandalism or other cri	mes
-	ularly: (Please explain any unche	·
		ct any false information regarding a student's residency to enable that of a non-resident tuition charge is guilty of a Class C misdemeanor. 105
Date	Signature of individual com	npleting this form
Telephone	Address	
<b>Optional:</b> To be completed by	the natural or adoptive parent(s	;), if one is available. Please check all applicable boxes:
$\square$ I am the natural or adoptive	e parent of the child.	
$\square$ I have willingly transferred	full custody and control of, as we	ell as responsibility for this child to:
☐ The transfer of custody is r	not solely for the purpose of atter	nding the District's schools.
 Date	Signature of individual com	npleting this form
Telephone	Address	