

**MAINE TOWNSHIP HIGH SCHOOL WEST
CUSTODIAL CARE FORM (PART 2)**

TO BE COMPLETED BY FAMILY PROVIDING CUSTODIAL RESIDENCE

This is to verify that the information provided on the Custodial Care Form (Part 1) is true and correct and that:

Student's Name

Parent(s)/Legal Guardianship(s) Name

reside in my family residence on a full-time basis (7 days per week). This residency arrangement is due to unique family or personal reasons—not merely to qualify this child as a student eligible to attend the schools of Maine Township High School District 207. I understand that falsifying information regarding residency in District 207 for this child will result in the immediate termination of education services and/or the assessment of tuition charges of \$18,404.11 per year for the 2017-2018 school year. I will furnish the necessary proof of my residence within District 207 as per Board of Education policy.

The following facts are sworn to in order to permit the said school district to enroll the said child in the schools of said district as a resident:

	Yes	No
a. The said child and parents(s)/legal guardian(s) eat our meals regularly at the said residence.	_____	_____
b. The said child and parents(s)/legal guardian(s) sleep regularly at said residence.	_____	_____
c. The said child and parent(s)/legal guardians spend weekends regularly at said residence.	_____	_____
d. The said child and parents(s)/legal guardian(s) spend summers regularly at said residence.	_____	_____

Homeowner's Signature

Subscribed and sworn before me this
day of: _____ A.D. 20____

Notary Public
My commission expiration date: _____

Telephone Numbers: Work () _____
 Hom () _____