

TO BE COMPLETED **ONLY** IF YOU LIVE WITH ANOTHER FAMILY

MAINE TOWNSHIP HIGH SCHOOL WEST  
CUSTODIAL CARE FORM (PART 1)

This is to certify that I (we) am (are) the parent(s)/legal guardian(s) of:

STUDENT'S NAME

BIRTH DATE

At the present time we live with:

\_\_\_\_\_

**NAME OF PERSON PROVIDING RESIDENCY**

who is a resident of Maine Township High School District 207 and resides at the following:

ADDRESS

CITY

ZIP CODE

Briefly describe the circumstances that require the residence arrangement.

(Please use additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 I (we) eat our meals regularly at the said residence.	_____	_____
b. The said child and I (we) sleep regularly at said residence.	_____	_____
c. The said child and I (we) spend our weekends regularly at said residence.	_____	_____
d. The said child and I (we) spend our summers regularly at said residence.	_____	_____

Falsification of any documents or information included herein, in order to gain attendance of your child in the Maine school system, will result in the immediate dismissal of your child and/or an assessment will be made of a full year's tuition of \$18,732.89 per year for the 2019-2020 school year. A report will be filed to legal authorities if fraudulent use of a driver's license, voter's registration, or vehicle registration has occurred in the processing of this application. Falsification of this document is in direct violation of state and federal law.

**PARENT(S)/LEGAL GUARDIAN(S) (CIRCLE)**

Telephone Numbers    Work \_\_\_\_\_ (    )  
                                  Home \_\_\_\_\_ (    )

(Notary on back side)

Subscribed and sworn before me this  
day \_\_\_\_\_ A.D. 20  
of: \_\_\_\_\_

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Notary Public  
My commission expiration  
date: \_\_\_\_\_

(Notary on back side)