

**MAINE TOWNSHIP HIGH SCHOOL SOUTH
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 at \$19,895.72 per year for the 2020-2021 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 I 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. | _____ | _____ |

Signature:

Printed Name:

Address:

Telephone:

Subscribe and sworn before me this
Day of: _____ A.D. 20_____

Notary Public
My commission expiration date: _____