

25775 W. Highway 134 Ingleside, IL 60041

Phone: 847.546.2916 Fax: 847.496.8968

AFFIDAVIT OF LANDLORD/HOMEOWNER

I,	swear that the
(Landlord/Homeowner)	
Parent(s)/guardian(s) whose name(s) are:	
and their minor children whose names are:	
Have established permanent residence within the legal boundaries of Gavin	n School District #37 Lake County
have established permanent residence within the legal boundaries of Gavi	Toonoor District #01, Lake County

If at any time the undersigned (parent(s)/guardian(s) and their aforesaid minor child(ren) shall cease to permanently reside at the aforesaid address, they will immediately notify the Principal of student(s) school or designee, of such at the offices of said School District #37.

I understand that any person who knowingly enrolls or attempts to enroll a non-resident student in the school district or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend the schools in that district shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution.

Signature of Landlord/Homeowner

Date

Printed Name

Street Address

City, State, Zip Code

Telephone

Form VIII A