

# SALT CREEK SCHOOL DISTRICT No. 48

SERVING THE COMMUNITIES OF ELMHURST • OAK BROOK • OAKBROOK TERRACE \* VILLA PARK

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

**Part I:** Statement of custody, control, and responsibility of a student by a non-parent. Any person seeking to enroll a child who is not the child's natural or adoptive parent must complete and sign this statement. Please attach a copy of any court order or other document purporting to establish a guardianship for the child.

1. I am the foster parent and/or guardian, of \_\_\_\_\_  
age \_\_\_\_\_.
2. The child resides with me at this address: \_\_\_\_\_  
\_\_\_\_\_, Illinois, within the territorial boundaries  
of \_\_\_\_\_ School District # \_\_\_\_\_, in \_\_\_\_\_  
County.
3. The child's residence within the School District was not established solely for the purpose of attending the District's schools.
4. I have assumed and exercise full legal responsibility for and control of the child regarding daily educational and medical decisions, including responsibility for:

*Check applicable categories:*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> medical decisions | <input type="checkbox"/> health insurance                                 | <input type="checkbox"/> discipline and restitution for vandalism or other crimes |
| <input type="checkbox"/> food and clothing | <input type="checkbox"/> school costs (books, transportation, other fees) | <input type="checkbox"/> other (specify) _____                                    |

5. The following facts are true:

	YES	NO
• The child eats meals regularly at my residence.	<input type="checkbox"/>	<input type="checkbox"/>
• The child sleeps regularly at my residence.	<input type="checkbox"/>	<input type="checkbox"/>
• The child spends weekends regularly at my residence.	<input type="checkbox"/>	<input type="checkbox"/>
• The child spends summers regularly at my residence.	<input type="checkbox"/>	<input type="checkbox"/>

### **IMPORTANT:**

The School District reserves the right to evaluate the evidence presented. Presenting the items listed in this Administrative Procedure does not guarantee admission.

### **WARNING:**

If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

\_\_\_\_\_  
Signature of Non-Parent Who Has Assumed Custody

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**Part II:** Statement of transfer of custody, control, and responsibility to a non-parent. This part is to be completed by the natural or adoptive parent(s), *if available*. The form establishes that the natural or adoptive parent(s) transferred custody, control, and responsibility of the child to a non-parent.

1. I am the parent of \_\_\_\_\_ age \_\_\_\_\_.
2. I have willingly and voluntarily transferred full custody and control of, as well as responsibility for this child to \_\_\_\_\_, whose residence is: \_\_\_\_\_, Illinois, within the territorial boundaries of \_\_\_\_\_ School District # \_\_\_\_\_, in \_\_\_\_\_ County.
3. The transfer is not solely for the purpose of attending the District's schools.
4. My child is living with the person(s) listed in paragraph 2.
5. The person(s) listed in paragraph 2 has/have full legal responsibility for, and control of, my child regarding daily educational and medical decisions.

\_\_\_\_\_  
Signature(s) of the Natural or Adoptive Parent

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Date: \_\_\_\_\_