

# Edwardsville Community Unit School District 7

*Dr. Patrick Shelton, Superintendent*

SCHOOL YEAR \_\_\_\_\_

GRADE \_\_\_\_\_

HOMEROOM \_\_\_\_\_

## PARENT /GUARDIAN AUTHORIZATION FORM & AFFIDAVIT OF RESIDENCE

STATE OF ILLINOIS, COUNTY OF MADISON

(I) (We), \_\_\_\_\_ having first been sworn upon  
(adult's name)  
(my) (our) oath depose and say as follows:

That (I am) (We are) the (circle one) – parent(s), foster parents(s), legal guardians(s) of

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(student's name) (birthdate) (grade)

That we are legally entitled to receive grades, reports, and other documents and information from school personnel (whether verbally or in writing).

That my/our signature(s) on any school form is a **legal authorization** by us and that our residence

is \_\_\_\_\_, in the City/Village of \_\_\_\_\_,  
(street address)

Madison County, Illinois within the territorial boundaries of Edwardsville Community Unit School District #7, Madison County, Illinois. That the said student's residence within the said school district has not been established solely for the purpose of attending the schools thereof. That the following facts are **sworn** to, in order to permit the said school district to enroll the said student in the school of said district as a resident.

**Please be advised that according to School Code any person who attempts to enroll, enrolls or presents false information for the purpose of enrolling a non-resident student is guilty of a Class C misdemeanor.** {Ref. 105 ILCS 5/10-20.12b(e) & (f)}

\_\_\_\_\_  
Parent/Guardian Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date