



20__ - 20__ School Year

RESIDENCY AFFIDAVIT

This is to verify that _____
(Name of Parent/Guardian and student)

resides with me in my home/apartment at:

I certify that this information is accurate and truthful. I am aware of the District 87 policy, which states that failure to reside within District 87 attendance area will result in a students immediate removal from Glenbard East High School.

Sincerely,

STATE OF ILLINOIS)
) SS.

COUNTY OF DUPAGE)

I do hereby certify that on the _____ day of _____, 20_____

_____ Did appear before me and upon first being duly sworn on oath that the information on the foregoing document (s) were true and correct to the knowledge of the Affiant.
