

FORM H

STATE OF ILLINOIS

COUNTY OF COOK

_____	LE
_____	HB
_____	BMS
_____	BJHS

**AFFIDAVIT OF RESIDENCE**

(I) (We), \_\_\_\_\_ having first been sworn upon (my) (our) oath  
 depose and say as follows: That (I am) (We are) the parent(s), guardian(s) or  
 \_\_\_\_\_ of \_\_\_\_\_ age \_\_\_\_\_, and that (his) (her)  
 residence is \_\_\_\_\_ (street address), City (Village) of  
 \_\_\_\_\_, Cook County, Illinois, within the territorial boundaries of  
 Brookwood School District 167, Cook County, Illinois. That the said child'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 child in the

schools of said district as a resident:	Yes	No
The said child eats (his) (her) meals regularly at the said residence .....	_____	_____
The said child sleeps regularly at said residence.....	_____	_____
The said child spends (his) (her) weekends regularly at said residence.....	_____	_____
The said child spends (his) (her) summers regularly at said residence.....	_____	_____

FURTHER YOUR AFFIANT SAYETH NOT.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

We attest that the parent & child  
 live in our residence, and the above  
 information is true.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Address