

EVANSTON TOWNSHIP HIGH SCHOOL DISTRICT 202

McKinney Vento Children and Youth Program

Affidavit and Needs Assessment

Student Information								
Last Name:		First Name: Mid			Middle Initial:			
Student ETHS ID #:	Current G	Grade:	Grad Y	'ear:	Counselor	:	Socia	l Worker:
Name of Last School Attended:								
Address of Residence:	C	City:		Sta	ite:	Zip Code	:	
Accompanied Status: (please check t	the box)	Αςςο	mpanieo	ł	Unaccom	panied		
	,			-				
Runaway Status: Runaway								
Accompanied By:								
Parent Information								
Name of Parent: Relationship to Student:					lent:			
Former Address:								
Primary Nighttime Residence - pleas	e check the	box:						
Shelter, transitional hous	ing awaitin	a factor c	250					
Sheller, transitional hous	ing, awaitin	ig ioster c	are					
Doubled-up (i.e. living wi	th another f	family						
Hotel/Motel								
Unchaltarad (i.a. car na	rk compare	und tom	oorariiti	railar al	and an ad h	uilding)		
Unsheltered (i.e., car, park, campground, temporary trailer, abandoned building)								
Name of the District Resident You are living with:								
Address of Decidence:		/ <i>,</i>	~:+. <i></i>			<u>Stata</u> :		Zin Codo:
Address of Residence:			City:			State:		Zip Code:
How many people are living at the re	esidence?			low ma	ny bedroon	ns?	How ma	iny rooms

Names and ages of all persons living at the residence:

State the reasons why you are living with the district resident:

How long do the parent(s) and students plan to reside with the district resident?

School Information

School of Origin:

School of Origin-Street Address:	City	State	Zip Code

School Selected :

School Selected Address:	City	State	Zip Code

Student Needs (please check the box for each one that applies)		
	Obtaining School Records	
	Obtaining or transferring records necessary for enrollment	
	Physical, Immunizations or (other medical records as needed)	
	Referrals for medical, dental, and other health services	
	Referral to other programs and services	
	Coordination between schools and agencies	
	Tutoring and other Instructional support	
	Assistance with participation in school programs	
	Counseling	

Counseling needs related to domestic violence

School Supplies

Clothing

Transportation

Rights Given to Parents/Student

Any Additional Information that is not covered in the above affidavit:

Completed by the child's parent or guardian/custodian living with the district resident

In executing this affidavit, I acknowledge having read and understood the following:

"If a pupil is determined to be a nonresident of the District for whom tuition is required to be charged pursuant to this section, the School Board shall refuse to permit the pupil to continue attending the school of the District unless the required tuition is paid for the pupil." "A person who knowingly 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 any school in that District without payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor."

(105 ILCS 5/10-20.12b)

State of Illinois Notary Seal

I understand that if the information provided in connection with this affidavit is determined to be false or misleading, resulting in the student(s) named above to not be legally entitled to attendance at Evanston Township High School District 202, the School District will take legal action to recoup valid tuition charges and legal fees.

The student's residence within the School District has not been established solely for the purpose of attending the schools thereof. The foregoing facts are sworn to in order to induce the School District to enroll the student in the school of the District.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration. I hereby swear that the answers to the foregoing questions are true and correct. I understand that I may be subject to criminal prosecution if I have knowingly answered any of the questions falsely.

Parent/Guardian Signature	Parent/Guardian Printed			
I do hereby swear that	did appear before me			
And, upon first being duly sworn, document is t	rue and correct to the	knowledge of the affiant		
Subscribed and Sworn to before me this	day of	, 20		
Notary Public	Printed Name			
County of Cook				

If you have any questions about the McKinney Vento Children and Youth Program Affidavit and Needs Assessment form, please contact the Residency Office at: 847-424-7182. Taya Kinzie, MSW, LCSW, EDS Associate Principal of Student Services