

LYONS TOWNSHIP HIGH SCHOOL RESIDENCY AFFADAVIT

STUDENT'S LEGAL NAME (AS SHOWN ON BIRTH CERIFICATE)		STUDENT ID#
LAST NAME	FIRST NAME	MI
DATE OF BIRTH / /	MALE/FEMALE	ENROLLING GRADE 9 10 11 12
LAST SCHOOL ATTENDED	CITY, STATE	
ADDRESS WHERE STUDENT PRESENTLY LIVES	CITY, STATE	
STUDENT'S PREVIOUS ADDRESS	CITY, STATE	
MOTHER'S INFORMATION		
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	HOME TELEPHONE () —	
CITY	ZIP	CELL () —
EMAIL ADDRESS	WORK () —	
FATHER'S INFORMATION		
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
ADDRESS	HOME TELEPHONE () —	
CITY	ZIP	CELL () —
EMAIL ADDRESS	WORK () —	
ARE THE MOTHER AND FATHER DIVORCED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YOU ANSWERED YES TO THE ABOVE QUESTION, WHO HAS LEGAL CUSTODY OF THE STUDENT?		
WHAT IS THE DATE OF THE DIVORCE DECREE: / / PLEASE PROVIDE A COPY OF THE DIVORCE DECREE AND ANY AMENDMENTS.		
IF STUDENT IS NOT LIVING WITH A PARENT, PLEASE PROVIDE THE NAME(S) OF THE PERSON WITH WHOM THE STUDENT RESIDES.		
PERSON #1		
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
ADDRESS	HOME TELEPHONE () —	
CITY	ZIP	CELL () —
EMAIL ADDRESS	WORK () —	
PERSON #2		
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
ADDRESS	HOME TELEPHONE () —	
CITY	ZIP	CELL () —
EMAIL ADDRESS	WORK () —	
WHY IS THE STUDENT LIVING WITH THE ABOVE PERSON(S)?		
ON WHAT DATE DID THE STUDENT MOVE IN WITH THE PERSON? / /		
DOES THE PERSON(S) WITH WHOM THE STUDENT IS STAYING HAVE THE AUTHORITY TO DISCIPLINE THE STUDENT? ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS THE PERSON(S) WITH WHOM THE STUDENT STAYS PAID ANY MONEY FOR FOOD, HOUSING OR KEEP OF THE STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FOR HOW LONG IS THE ARRANGEMENT WITH THE PERSON(S) WITH WHOM THE STUDENT IS STAYING?		

