## MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

CUSTODIAL CARE FORM (PART 2)

## TO BE COMPLETED BY FAMILY PROVIDING CUSTODIAL RESIDENCE

This is to verify that the information provided correct and that:	d on the Custodial Care Fo	orm (Part 1) is true and
Student's Name	Parent(s)/Legal Guard	lianship(s) Name
reside in my family residence on a full-time to arrangement is due to unique family or person student eligible to attend the schools of Main that falsifying information regarding residence immediate termination of education services \$18,732.89 per year for the 2019-2020 school residence within District 207 as per Board of The following facts are sworn to in order to provide the service of the	nal reasons—not merely to be Township High School by in District 207 for this condition and/or the assessment of the sear. I will furnish the reference between Peducation policy.	o qualify this child as a District 207. I understand child will result in the uition charges of necessary proof of my
in the schools of said district as a resident:		
<ul> <li>a. The said child and parents(s)/legal eat our meals regularly at the said b. The said child and parents(s)/legal sleep regularly at said residence.</li> <li>c. The said child and parent(s)/legal spend weekends regularly at said d. The said child and parents(s)/legal spend summers regularly at said spend summers regularly at said spend summers regularly at said</li> </ul>	d residence.  al guardian(s)  l guardians residence.  al guardian(s)	Yes No
	Homeowner	's Signature
Subscribed and sworn before me this day of:  A.D. 20		
Notary Public My commission expiration date:		0 - 110
Telephone Numbers: Work ( ) Home ( )		Custodial Care Form 207-4-99 Revised 6/12/19