



**WILL COUNTY SCHOOL DISTRICT 92  
CUSTODY**

Student's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Print)

Name of Person(s) with whom child lives: \_\_\_\_\_  
(Print)

**Custody (Part A)**

**YOU MUST PROVIDE A CERTIFIED, ORIGINAL BIRTH CERTIFICATE.**

A copy will be made and the original returned to you. If the birth certificate is not available at the time of registration, other proof of the child's identity (passport, visa, other governmental documentation) and date of birth is required along with a signed affidavit. (325 ILCS 50/5)

**Please check one:**

- I am the natural or adoptive parent as listed on the birth certificate. Provide custody agreement if applicable.
- I was granted court-ordered guardianship. Provide copy of court document.
- Other (please explain): \_\_\_\_\_

**If you checked one of the above boxes, skip Custody (Part B) and proceed to Warning and Affirmation.**

**Custody (Part B)**

- Relationship to child: \_\_\_\_\_
- I have assumed and exercise legal responsibility for the child's medical and educational needs and provide him/her with a fixed nighttime abode.

**Please check each of the following boxes known to be true and accurate.**

- The child is living with me because: \_\_\_\_\_
- I am at least 18 years of age.
- The child eats and sleeps at my residence on a regular basis.
- The child is not living with me for the sole purpose of having access to the educational programs of the District.

**Warning and Affirmation (MUST BE COMPLETED IN THE PRESENCE OF A DISTRICT EMPLOYEE)**

Please read the following statements and initial **each**:

— I affirm that the information presented is in connection with any investigation of my residency or the residency and custody of the student is true, complete and accurate.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Adult (Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
District Employee (Signature)

\_\_\_\_\_  
(Print Name)