 

**Havana High School**

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| *Affidavit of Residence IHSA* |
| Student | Click here to enter text. |
| Age | Choose an item. |
| Date | Click here to enter a date. |
| Relationship to Student | Choose an item. |
| Physical “Street/Road” Address | Click here to enter text. |
| City (Village) of IL | Click here to enter text. |
| Does the student live within the territorial boundaries of Havana School District, Mason County, IL? | Choose an item. |
| Has the residence been established for the sole purpose of attending Havana High School? | Choose an item. |
| Length of Time both child and parent/legal guardian have resided at the address listed. | Choose an item. |
| Does the student eat their meal regularly at listed residence? | Choose an item. |
| Does the student eat sleep regularly at listed residence? | Choose an item. |
| Does the student spend their weekends regularly at listed residence? | Choose an item. |
| Does the student spend summers regularly at listed residence? | Choose an item. |
| The child provides \_\_\_\_% of their own support. (0% - 100%) | Click here to enter text.% |

By signing this form the Parent/Foster Parent/Guardian attests that the information given is correct.

**Signature of Parent/Foster Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_