

CERTIFICATE OF RESIDENCY

FORM A

Please complete this form if you are the legal parent/guardian of the student(s) you are registering and you have proof that you own or rent a home in the district.

Parent/Legal Guardian: _____

Address: _____

☐ State-issued Photo I.D. with address listed above

Student Name: _____ Grade Level: _____ Birth Date: _____

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Category I: (present ONE of the following documents showing district address)

☐ Current Monthly Mortgage Statement or Coupon

☐ Current Real Estate Tax Bill

☐ Current signed and dated Lease with copy of canceled check from monthly rent or security deposited receipt dated within 45 days

Category II: (present TWO of the following documents showing district address)

☐ Illinois Vehicle Registration Card

☐ Illinois Department of Public Aid Card

☐ Voter Registration Card

☐ Utility Bill (water, gas, electric, trash removal)

☐ Cable Bill

☐ Credit Card Bill

☐ Homeowners or Renter's Insurance Papers

☐ Bank Statement

I UNDERSTAND THAT IF I HAVE WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS FORM I AM GUILTY OF A MISDEMEANOR AND WILL BE CHARGED 100% OF THE PER CAPITA TUITION PER DAY THAT EACH CHILD IS ENROLLED.

Legal Guardian Initial: _____

Parent/Legal Guardian of Student(s)

School Representative

Date

Date