

CERTIFICATE OF RESIDENCY

FORM B

Please complete BOTH SIDES of this form and have notarized if you are the legal parent/guardian of the student(s) you are registering and you live with a resident (friend/relative) within the boundaries of the district.

Parent/Legal Guardian: _____

Resident Living With: _____

Address: _____

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

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

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

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

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

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

NOTE: It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardians within the District boundaries. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of information on this form or otherwise submitted to the District may result in your child being excluded from school, and may expose you to monetary liability under Illinois law for payment of tuition for such time as your child was illegally enrolled in the District. Further, any person who knowingly enrolls or attempts to enroll a non-resident student in the District or presents to the District any false information regarding the residency of a student commits a Class C misdemeanor and shall be referred for criminal prosecution.

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
Resident

Initial: _____
Initial: _____

The undersigned, being duly sworn, state that the answers to the above and foregoing questionnaire are true and correct and that residency has been established per guidelines contained in the Illinois School Code, 105 ILCS 5/10-20.12b and 105 ILCS 5/14-1.11a.

Parent/Legal Guardian of Student(s)

Date

School Representative

Date

Resident (the person with whom the parent & student(s) are living with)

Date

Subscribed and sworn before me
this _____ day of _____, 20____.

Notary Public