



Niles Elementary School District 71

A Community of Excellence

6901 W. Oakton, Niles, IL 60714 847-966-9280 FAX 847-966-1478

PROOF OF RESIDENCY REQUIREMENTS TO BE SUBMITTED ON RESIDENCY DATES

Last Names beginning with letters:

A-J
August 13, 2019
2:00PM - 7:00 PM

K-Z
August 14, 2019
2:00PM - 7:00 PM

New Families
August 15, 2019
9:00AM -1:00 PM

Evidence of proof of residency must be originals.

1 ITEM NEEDED FROM CATEGORY 1 BELOW

Category I – (showing proper address)

- Current mortgage loan statement or real estate tax bill with proof of payment
- Signed lease **and proof** of last month's payment
- Affidavit from local resident

2 ITEMS NEEDED FROM CATEGORY 2 BELOW

Category II –(showing proper address)

- | | |
|--|--|
| <input type="checkbox"/> Recent gas bill | <input type="checkbox"/> Recent electric bill |
| <input type="checkbox"/> Recent water bill | <input type="checkbox"/> Recent credit card bill |
| <input type="checkbox"/> Home/apartment insurance bill | <input type="checkbox"/> Current public aid card |

Cell phone bills are not accepted

For families living with others, the owners of the residence must come with you to prove residency and bring a category 1 item.

"A person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor." (105 ILCS 5/10-20.12b)

This proof of residency form is attest that the above child is not enrolling in the District solely for school purposes and is living on a permanent basis with the person having complete custody and control. Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be dropped from the attendance rolls immediately. Parents/Guardians/Custodians making a fraudulent registration will be subject to the payment of retroactive tuition charged for non-resident students, not to exceed 110% of the per capita cost.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Signature of Parent/Guardian/Custodian***** To be completed on site*****Date _____

Relationship _____ Telephone (_____) _____

Address of Parent/Guardian/Custodian _____