



Oak Lawn Community High School 2022-2023 Residency Validation Form

Family Information

Student Name: _____ Student ID: _____ DOB: ____/____/____

Student Name: _____ Student ID: _____ DOB: ____/____/____

Student Name: _____ Student ID: _____ DOB: ____/____/____

Student Name: _____ Student ID: _____ DOB: ____/____/____

Parent 1/Legal Guardian 1 Name: _____ Phone: _____

Parent 2/Legal Guardian 2 Name: _____ Phone: _____

Parent 1 email: _____ Parent 2 email: _____

As the parent(s) or legal guardian(s) of the student(s) named above, I declare, under penalty of perjury, that:

1. We currently reside at:

My previous address was (if less than 2 years):

(Street Address)

(Street Address)

(City) (Zip Code)

(City) (State) (Zip Code)

(Cell Phone)

(Previous Home Phone Number)

We have lived at this current address since (month/day/year): _____

If different from above, list the address of Parent 2/Legal Guardian 2: _____
(Street Address) (City) (Zip Code)

Affirmation and Warning

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

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

_____ I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.

_____ I understand that knowingly enrolling or attempting to enroll a child in the school of a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident child has a lawful right to attend, is a Class C misdemeanor **and I will be liable for payment of tuition, fees, and all other applicable fines, plus 10% per Illinois School Board of Education Code.**

Today's Date

Parent/Legal Guardian (Signature)

Parent/Legal Guardian (Print Name)

Residency Questionnaire

The following questions will be used to help verify that the student(s) and parent/guardian are legal residents of District 229.

1. What school did the student previously attend? _____
2. Do you own another property? _____ If so, please state the address. _____
3. Does your OLCHS student(s) spend any nights in any other home on a regular basis? Yes No
 - a. If you answered yes, please list the address here. _____
4. List additional members of the household (names and ages) not previously listed on this form:

Residency Verification

You must provide documentation showing the student and their parent/legal guardian reside at the address listed in this document. Please check and attach a copy of the following documents. Place the student's name and ID number at the top of each document.

Do you own or rent? Own Rent

ALL DOCUMENTS MUST BE CURRENT AND SHOW YOUR NAME AND ADDRESS

1. **COPY** of a **DRIVER'S LICENSE OR STATE ID**

2. **COPIES** of the following documentation:

ONE (1) document from Category A **and** **TWO** (2) documents from Category B.

Category A – One (1) document

- | |
|--|
| <input type="checkbox"/> Mortgage Statement |
| <input type="checkbox"/> Signed Lease (name and phone number of landlord must be included) |
| <input type="checkbox"/> Homeowners Insurance |
| <input type="checkbox"/> Current Real Estate/Property Tax Bill |

Category B – two (2) documents

- | | |
|---|---|
| <input type="checkbox"/> Gas bill | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Electric bill | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Water/Sewer bill | <input type="checkbox"/> Public Aid Card |
| <input type="checkbox"/> Telephone bill (cell phone not accepted) | <input type="checkbox"/> Medicaid Card |
| <input type="checkbox"/> Garbage bill | <input type="checkbox"/> Paycheck Stub |
| <input type="checkbox"/> Cable TV/Internet bill | |