



## Oak Lawn Community High School 2021-2022 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                   |   |