



**OAK LAWN COMMUNITY HIGH SCHOOL DISTRICT 229
2017-2018 RESIDENCY VALIDATION FORM**

PLEASE PRINT LEGIBLY AND COMPLETE ALL FIELDS

Student Name: _____ Date of birth: ___/___/___

Student ID: _____

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Student ID: _____

Student Name: _____ Date of birth: ___/___/___

Student ID: _____

Student Name: _____ Date of birth: ___/___/___

Student ID: _____

Parent/Guardian Name: _____

Contact Phone: _____ Contact Email: _____

I, _____, reside at _____
Name of Parent/Guardian *Address*

Residency Verification

Own

Rent

ALL DOCUMENTS MUST BE CURRENT (June 2017 TO DATE)
AND SHOW YOUR NAME AND ADDRESS

You must provide:

DRIVER'S LICENSE OR STATE ID

PLUS

one (1) document from Category A **AND** two (2) documents from Category B.

Category A – One (1) document

- Mortgage Statement
- Signed Lease (name and phone number of landlord must be included)
- Homeowners Insurance
- Current Real Estate/Property Tax Bill

Category B – two (2) documents

- Gas bill
- Electric bill
- Water/Sewer bill
- Telephone bill (cell phone not accepted)
- Garbage bill
- Cable TV/Internet bill
- Vehicle Registration
- Insurance
- Public Aid Card
- Medicaid Card
- Paycheck Stub

IF THE PARENT/LEGAL GUARDIAN IS RESIDING WITH ANOTHER FAMILY WITHIN THE DISTRICT

The Property Owner/Lessee is not required to be present, however, COPIES of the following must be provided:

1. valid driver's license or state id
2. mortgage statement, property tax bill, homeowners insurance, or lease
3. 2 current utility bills

The Parent/Legal Guardian on the Affidavit MUST submit copies of the following:

1. valid driver's license or state ID (with resident address)
2. copies of two of the following: W-2, pay stub, bank statement, Public Aid, Medicaid, vehicle insurance, vehicle registration

Property-Owner/Lessee Affidavit and the Parent/Legal Guardian Affidavit must be completed and notarized.

When utilizing an Affidavit of Residency you are subject to random residency checks by our police liaison, at which time you will have to show proof that the student and legal parent/guardian reside at said address.

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.**

_____/_____/_____
Date

Adult (Signature)

Adult (Print Name)