

# RESIDENCY VERIFICATION

\_\_\_\_\_Addison Trail High School \_\_\_\_\_Willowbrook High School

**ALL New / Transfer** students must verify residency in DuPage High School District 88 before they register for the **2021-2022** school year.

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade/ID# \_\_\_\_\_

Names of current DuPage High School District 88 siblings residing at same address:

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade/ID# \_\_\_\_\_

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade/ID# \_\_\_\_\_

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade/ID# \_\_\_\_\_

Name of Parent/Guardian/Custodian \_\_\_\_\_

Address of Parent/Guardian/Custodian \_\_\_\_\_

Phone Number \_\_\_\_\_

## Part 1: Residency Verification

You may prove residency within the District by providing the required number of documents from each of the following categories:

**ALL DOCUMENTS MUST MATCH CURRENT ADDRESS AND BE DATED WITHIN LAST 30 DAYS.**

### Category I - ONE (1) document required

- ☐ Most recent property tax bill
- ☐ Most recent Mortgage statement (homeowners)
- ☐ Signed and dated lease
- ☐ Letter of residence from manager or landlord in lieu of lease
- ☐ Notarized letter of residence to be used when the person seeking to enroll a student is living with a district resident.
- ☐ Military housing letter
- ☐ Section 8 letter

### Category II - TWO (2) documents required

- ☐ Driver's license or State ID
- ☐ Matricula Consular ID Card
- ☐ Vehicle registration
- ☐ Voter registration
- ☐ Current Public Aid Card or Medicaid Card
- ☐ Most recent gas, electric, cable and/or water/sewer bill
- ☐ Bank statement
- ☐ Credit card statement
- ☐ Current homeowners/renters insurance policy
- ☐ City sticker receipt
- ☐ Pay check stub

## Part 1A: Residency Verification

I am unable to provide three (3) of the above documents because: (check all that apply)

- ☐ Our family has not had a permanent residence since \_\_\_\_\_  
Last School attended \_\_\_\_\_  
Address of last permanent residence \_\_\_\_\_

- ☐ Living in a shelter
- ☐ Sharing housing with others due to loss of housing, economic hardship, etc. (please complete Affidavit of Residency Form)
- ☐ Living at a train or bus station, park, or in a car
- ☐ Living in a hotel, motel campground, or other similar situation

- ☐ Living in an abandoned apartment or building
- ☐ Disaster victim
- ☐ Unaccompanied youth
- ☐ Temporarily housed, awaiting DCFS foster care placement
- ☐ Other \_\_\_\_\_

By \_\_\_\_\_ I will provide the following evidence of my residency.  
(date)

(Form continued on back)

JNB/vn 02/16

Your child may qualify for additional services. Please ask the registration staff for more information or contact the District's liaison at 630-530-3985.

Please indicate any social service agency you are currently working with: \_\_\_\_\_

### **MILITARY FAMILIES**

#### **Military Personnel enrolling a Student for the First Time in the District**

Must provide one of the following within 60 days after the date of student's initial enrollment:

- ☐ Postmarked mail addressed to military personnel
- ☐ Lease agreement for occupancy
- ☐ Proof of ownership of residence

#### **Military Personnel Wanting to Keep Child/Ward Enrolled in the District Despite Having Changed Residence Due to a Military Service Obligation.**

Upon submitting a written request, the student's residence will be deemed to be unchanged for the duration of the custodian's military service obligation. The District, however, is not responsible for the student's transportation to or from school.

### **Part 2: Relationship to Student**

You must provide a certified, original birth certificate. A copy will be made and the original returned to you. If a birth certificate is not available at the time of registration, other proof of the child's identity and date of birth is required along with a signed affidavit.

- ☐ I am the natural or adoptive parent listed on the birth certificate. (Please provide custody agreement, if applicable.)
- ☐ I was granted court ordered guardianship. (Please provide copy of court documentation.)
- ☐ I receive aid on behalf of the child. (Please provide copy of documentation showing receipt of aid.)
- ☐ I have assumed and exercise responsibility for the child and provide him/her with a fixed, nighttime abode. (Please provide an Affidavit of Custody.)

**(Please check each of the following boxes to be true and accurate.)**

- ☐ The child is living with me because \_\_\_\_\_
- ☐ I am at least 18 years of age.
- ☐ The child eats and sleeps at my residence on a regular basis.
- ☐ The child is not living with me for the sole purpose of having access to the educational program of the school (Please provide an Affidavit of Residency)

### **DIVORCED/SEPARATED FAMILIES**

#### **Anyone with a Custody Order Seeking to Enroll a Student.**

Please present court order, agreement, judgment, or decree that awards or gives custody of the student to any person (including divorce decrees awarding custody to one or both parents)

### **Part 3: Affirmation and Warning (Must be Completed in the Presence of a District Employee)**

"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 to attest that the above child(ren) is/are 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 fraudulent registration will be subject to the payment of retroactive tuition charges 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

\_\_\_\_\_  
Date

Relationship to student(s) \_\_\_\_\_

Address of Parent/Guardian/Custodian \_\_\_\_\_

Phone Number \_\_\_\_\_

### **FOR PERSONNEL USE ONLY**

Residency Approved \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_