

**COMMUNITY UNIT SCHOOL DISTRICT # 3, FULTON COUNTY
VERIFICATION OF RESIDENCY**

2021-2022

Student Name _____ Grade _____ Student Name _____ Grade _____
 Student Name _____ Grade _____ Student Name _____ Grade _____
 Student Name _____ Grade _____ Student Name _____ Grade _____

Name, address, and phone number of person enrolling student(s):

NAME _____
 ADDRESS _____
 PHONE _____

STEP 1: RESIDENCY VERIFICATION

Do you :	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other:(explain)_____
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You must provide documentation showing you and the student(s) ***live at*** the address listed above. Please check and present (3) of the following documents. Copies will be made and you original documents will be returned to you. Any account numbers or social security numbers will be blacked out on the district copy.

All documents must be original. Copies will not be accepted. All documents must be current, not more than three (3) months old and show your name and physical address.

You must provide three (3) documents from the list below.

***Only one utility bill will be accepted**

<input type="checkbox"/> Current Mortgage Statement	<input type="checkbox"/> Current Utility Bill (*Electric, Gas, Water)
<input type="checkbox"/> Home Ownership Title or Deed	<input type="checkbox"/> Current Homeowners/Renters Ins
<input type="checkbox"/> Current Signed Lease	<input type="checkbox"/> Driver's License/ Illinois ID
<input type="checkbox"/> Current Property Tax Bill with Proof of Payment	<input type="checkbox"/> Current Voter Registration
<input type="checkbox"/> Current Vehicle Registration	<input type="checkbox"/> Public Aid Card or official mail from Public Aid with current address

Please contact the Superintendent at 309-785-5021 if you have any questions.

The district may require additional documentation to verify residency.

STEP 2: Relationship to student(s)

Check one (1):

- I am the natural or adoptive parent with whom the student(s) resides. The student(s) original birth certificate is being presents to the District (provide custody judgement/order/agreement if applicable).
- I am a court-appointed guardian of the students(s) who resides with me for purposes other than to have access to the educational programs of the District (provide court order).
- I am an adult caretaker relative who is receiving Public Aid for the student(s) who resides with me for purposes other than to have access to the educational programs of the District (provide documentation showing receipt of aid).
- I have assumed and exercise legal responsibility for the student(s) and provide him/her with a regular fixed night-time abode for purposes other than to have access to the educational programs of the District.

Please check each of the following to be true and accurate.

- I am at least 18 years of age.
- The student(s) eats and sleeps at my residence on a regular basis.
- The student(s) is not living with me for the sole purpose of having access to the educational programs of the Community Unit School District # 3, Fulton County.

The District may require a home visit to verify residency.

STEP 3: Affirmation and Warning – Must be completed in the presence of a District employee

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 students(s) is true, complete and accurate.

_____ I give the District permission to verify my residency by any legal means.

_____ I understand that knowingly or willfully providing false information to the District regarding the residency of any student for the purpose of enabling that student to attend any school in the District without the payment of non-resident tuition charge is a ***Class C misdemeanor*** and I will be liable for the payment of non-resident tuition, fees and all applicable charges if it is determined that the student(s) is not a resident of the District.

_____ Enrolling Person's Printed Name

_____ Enrolling Person's Signature

_____ Date

FOR DISTRICT OFFICE USE ONLY

FORM IS :	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE
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<i>DATE</i>	<i>ENROLLMENT PERSONNEL PRINTED NAME</i>	<i>ENROLLMENT PERSONNEL SIGNATURE</i>