

Arlington Heights School District 25
VERIFICATION OF RESIDENCY
(Complete one per family, per school)

7:60-AP2,E4

Child's Name: _____ Grade in 2023-24 _____
 Child's Name: _____ Grade in 2023-24 _____
 Child's Name: _____ Grade in 2023-24 _____
 Child's Name: _____ Grade in 2023-24 _____

I, _____, live at _____
Name of Adult Address
 which is located within the boundaries of Arlington Heights School District 25.

Step 1: Residency Verification (Part A) – skip to Residency (Part B) if you cannot produce all three (3) documents in Part A

Do you: Own your own home Rent Other: _____

You must provide documentation showing you **live at** the address listed above. Please provide three (3) of the following documents – one (1) document from Category A and two (2) documents from Category B. You should black out account and social security numbers on the documents.

All documents must be current (within past two months) and show your name and address.

Category A – One (1) document	AND	Category B – Two (2) documents														
<input type="checkbox"/> Real estate tax bill <input type="checkbox"/> Signed lease with landlord's phone number listed <input type="checkbox"/> Mortgage document or payment book <input type="checkbox"/> Contract for home purchase stating date of closing <input type="checkbox"/> Section 8 letter <input type="checkbox"/> Military housing letter <input type="checkbox"/> Residency Affidavit Form <small><i>(only required when permanent residence is with third party)</i></small>	AND	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Gas bill</td> <td><input type="checkbox"/> Public aid card</td> </tr> <tr> <td><input type="checkbox"/> Electric bill</td> <td><input type="checkbox"/> Medicaid card</td> </tr> <tr> <td><input type="checkbox"/> Water/Sewer bill</td> <td><input type="checkbox"/> Food stamp card</td> </tr> <tr> <td><input type="checkbox"/> Phone bill (no cell)</td> <td><input type="checkbox"/> Credit card statement</td> </tr> <tr> <td><input type="checkbox"/> Cable bill</td> <td><input type="checkbox"/> Pay check stub</td> </tr> <tr> <td><input type="checkbox"/> Vehicle registration</td> <td><input type="checkbox"/> City sticker receipt</td> </tr> <tr> <td><input type="checkbox"/> Bank statement</td> <td><input type="checkbox"/> Driver's license/State ID</td> </tr> </table>	<input type="checkbox"/> Gas bill	<input type="checkbox"/> Public aid card	<input type="checkbox"/> Electric bill	<input type="checkbox"/> Medicaid card	<input type="checkbox"/> Water/Sewer bill	<input type="checkbox"/> Food stamp card	<input type="checkbox"/> Phone bill (no cell)	<input type="checkbox"/> Credit card statement	<input type="checkbox"/> Cable bill	<input type="checkbox"/> Pay check stub	<input type="checkbox"/> Vehicle registration	<input type="checkbox"/> City sticker receipt	<input type="checkbox"/> Bank statement	<input type="checkbox"/> Driver's license/State ID
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**Please contact the school office if you are having trouble collecting all three documents.
The district may require a home visit and/or additional documentation to verify residency.*

Residency Verification (Part B) – skip to Step 2 if you have all three (3) documents in Part A

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 ___/___/___

Address of last permanent residence: _____
 Last school attended: _____

Living in a shelter Sharing housing with others due to loss of housing, economic hardship, or similar reason Living at a train or bus station, park or in a car Living in a hotel, motel, campground, or other similar situation Abandoned apartment/building Disaster victim
 Unaccompanied Youth The child is temporarily housed, awaiting DCFS permanent foster care placement.

Other _____

Your child may qualify for additional services - please ask the school office for more information or contact the District's McKinney-Vento Liaison at 847-758-4875.

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

Arlington Heights School District 25
ANNUAL VERIFICATION OF RESIDENCY

Step 2: Relationship to Student

Check ONE below:

- I am the natural or adoptive parent listed on the birth certificate. Please provide custody agreement, if applicable.
- I was granted court-ordered guardianship (provide copy of court document).
- I receive public aid on behalf of the child (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 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 programs of the school district.

New enrollees must provide a certified, original birth certificate. A copy will be made and the original returned to you.

Step 3: 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.

_____/_____/_____
Date

Adult (Signature)

Adult (Print Name)