

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

Child's Name: \_\_\_\_\_ Grade in 2020-21 \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Grade in 2020-21 \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Grade in 2020-21 \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Grade in 2020-21 \_\_\_\_\_

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.**

<b>Category A – One (1) document</b>	<b>AND</b>	<b>Category B – Two (2) documents</b>
<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 <i>(only required when permanent residence is with third party)</i>	AND	<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

*\*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: \_\_\_\_\_

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**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)**