

Proof of Residency - LWAF
Registration Office

SCHOOL YEAR: _____

Student's Last Name	Student's First Name	Grade	School

Street Address: _____ Apartment # _____

City / State / Zip: _____

Parent/Guardian Name: _____ Subdivision: _____

Homeowner

Please provide the following:

Driver's License / State ID
(showing in-district address)

AND

ALTA Settlement Statement

or

Real Estate Tax Bill
(showing in-district address)

Renting

Please provide the following:

Current signed and dated lease agreement with in-district address

Start: _____ End: _____

AND

Current Rent Receipt

AND

Utility Bill *or* **Driver's License**
Utility bill can be for water, natural gas, or electricity.
Driver's License must show in-district address.

Merely providing items on this list does not guarantee enrollment or establish inconvertible evidence of residency.

WARNING and AFFIRMATION:

Illinois law has made it a crime, a Class C misdemeanor punishable by imprisonment and fine, to knowingly or willfully present any false information regarding the residency of a student for purposes of enabling that student to attend on a tuition-free basis or to knowingly enroll or attempt to enroll a student on a tuition-free basis when the student is known to be a non-resident of the District. The District will seek prosecution, to the full extent of the law, any person who the District believes has committed any residency-related crime. Additionally, the District may initiate a civil lawsuit. (105 ILCS 5/10-20.12b)

In all situations where residency is asserted, the following conditions must be demonstrated to the District's satisfaction:

- o The child's residence has not been established solely for the purpose of attending District 158 schools.
- o The child regularly takes his/her meals at that residence.
- o The child sleeps regularly at that residence.
- o The child spends his/her weekends regularly at that residence.
- o The child spends his/her summers regularly at that residence.
- o The child is not financially supported by natural parents that live elsewhere.

I affirm that I am a resident of this District and that the information presented in this Affidavit and in connection with any investigation of my residency or the residency of the student is true, complete and accurate.

Signature of Parent/Guardian

Date

For Office Use Only:	
_____	PowerSchool
_____	Info Snap
_____	Access

Completed by	Date