

# **VERIFICATION OF RESIDENCY 2011-2012**

## **THIS FORM IS REQUIRED FOR ALL STUDENTS TO ENTER PROCESSING.**

This form is to be completed by the person claiming custody of the student and with whom the student lives in Lyons Township High School District 204.

Student Name _____	ID# _____
Year in School _____ 9 _____ 10 _____ 11 _____ 12	
Current Address _____	
City/Zip _____	Home Telephone # _____

\_\_\_\_\_ **Please check if this is a change of address within the last year so that we may update our records.**

Previous Address (if less than 3 years) _____	
City/Zip _____	Previous Home Telephone # _____

Generally, Illinois law provides that the residence of a student is deemed to be the same as the residence of the person who has legal custody of the student and permits only students who are residents of the school district to enroll and attend on a tuition-free basis. The person claiming custody must also reside in Lyons Township High School District 204.

To assist the District in confirming residency this form must be completed. The District may investigate the residency of any student before or after enrollment and require the involved persons to provide additional information to be considered by the District in determining residency. Enrollment is not completed, and attendance will usually not be permitted, until all residency issues are resolved.

### **WARNING AND AFFIRMATION**

Illinois law has made it a crime, 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 of any person who the district believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the District.

I affirm that I am a resident of Lyons Township High School District 204 and that the information presented in this document and in connection with any investigation of my residency or the residency of the student is true, complete and accurate.

\_\_\_\_\_  
Print name of person claiming custody of the student.

\_\_\_\_\_  
Signature of person claiming custody of the student.

\_\_\_\_\_  
Date

**If you have not submitted proof of residency documents and returned the Student Census Verification Form prior to Processing, your Processing will be delayed.**