

ANNUAL VERIFICATION OF RESIDENCY

Documents need to be returned to the Main Office by July 23, 2010

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 the district.

To assist Lyons Township High School District 204 in confirming residency and legal custody, 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. As initial proof of residency, the person with whom the student lives in the District and who claims custody of the student must attach to this form at least one document from Category A and at least two documents from Category B, one of which must be a state or federal government-issued photo ID. All documents must show the current address within District 204. If the person enrolling the student claims the student is (1) homeless or (2) attending school in the student's former district upon the determination of the Department of Children and Family Services, only the appropriate line in Category D must be checked.

All documents being submitted must have the parent/guardian's name and the current district address listed on the document.			
Student Name (Last, First): _____		LT ID Number: _____	
CATEGORY A		CATEGORY B	
Attach at least <u>one</u> of the following documents. Check the box next to the document(s) provided.		<input type="checkbox"/> REQUIRED: STATE OR FEDERAL GOVERNMENT- ISSUED PHOTO ID (Drivers License, State ID, etc.)	
<input type="checkbox"/>	1. Current real estate tax bill showing you as the taxpayer.	Also attach at least <u>one</u> of these other documents. Check the box next to the document(s) provided. Documents <u>must</u> show the Parent's / Guardian's name and current District 204 address.	
<input type="checkbox"/>	2. Current lease (must include lessor and lessee signatures) for your: _____ House _____ Townhome _____ Apartment A. Landlord's Name: _____ B. Landlord's Address: _____ C. Landlord's Phone: _____ D. Landlord's Fax: _____ E. Are you sharing premises with someone else? _____ Yes _____ No If Yes, provide the name(s) of those with whom you share: _____ _____	<input type="checkbox"/>	1. Utility (Gas / Electric) bill dated within the past 30 days.
<input type="checkbox"/>	3. A closing statement for the purchase of your residence, if purchased within the last 12 months.	<input type="checkbox"/>	2. Home Telephone / Cable Service bill dated within the past 30 days.
<input type="checkbox"/>	4. A notarized letter / affidavit from the owner / tenant of the residence in which you reside: _____ House _____ Townhome _____ Apartment A. If the person(s) with whom you reside is / are the owner(s), they must provide #1 or #3 from above in addition to the notarized letter / affidavit. B. If the person(s) with whom you reside is / are the tenant(s) of the residence, they must supply an original lease in compliance with #2 from above and provide the requested information in #2.	<input type="checkbox"/>	3. Paycheck / Paystub from an employer dated within the past 30 days.
		<input type="checkbox"/>	4. Public Aid card dated within the past 30 days.
		<input type="checkbox"/>	5. Voter Registration card.
		<input type="checkbox"/>	6. Home / Apartment Insurance Certificate dated within the past 30 days.
		<input type="checkbox"/>	7. Current Automobile Registration-State of Illinois.
		<input type="checkbox"/>	8. Receipt for current Vehicle Sticker.
CATEGORY C		CATEGORY D	
		No documents from Categories A or B are applicable. Check the box next to the applicable situation(s).	
STAFF USE ONLY		<input type="checkbox"/>	1. The student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act.
<input type="checkbox"/>	Residency	<input type="checkbox"/>	2. The student's enrollment is based on the determination of the Department of Children and Family Services (DCFS). Attach evidence of DCFS determination.
<input type="checkbox"/>	Data Form	<input type="checkbox"/>	3. Residency will be established within 30 calendar days. Attach a real estate contract, lease or closing statement.
<input type="checkbox"/>	Tags		
<input type="checkbox"/>	Computer	Date	_____
<input type="checkbox"/>	Complete	Initials	_____