



VERIFICATION OF RESIDENCY, CUSTODY AND ENROLLMENT

Child's Name: _____ Birth date: ___/___/___

I, _____, live at _____
Name of Adult Address
which is located within the boundaries of Northbrook School District 27.

RESIDENCY VERIFICATION FOR THOSE WHO OWN OR RENT PROPERTY:

Do you: [] Own your own home [] Rent [] Other: _____

Three documents are required and must be uploaded to Parent Portal to verify residency. You must present proof of residency within Northbrook School District 27 boundaries by providing documentation related to each of the two major areas outlined below; one (1) document from Category A and two (2) documents from Category B.

All documents must be current and show your name and address.

Category A: Proof of Occupation or Residence in District 27 (ONE document required)

Homeowners:

- [] Provide current monthly mortgage statement with parent/legal guardian's name and address listed OR
[] Most recent property tax bill OR
[] Recent closing papers (for new purchase)

Renters:

- [] Provide properly executed lease agreement with parent/guardian's name and address listed as renter and a signature page including name, address, and telephone number of landlord for verification. A month-to-month lease agreement will require verification again in August.

Those living with others:

- [] Provide a notarized Residence Attestation Form completed by the District 27 resident/landlord explaining the living arrangement and include all residency documentation of the resident/landlord.
[] Complete section on page 2 of this document, "Residency Verification For Those Who Do Not Own or Rent Property"

Category B: Additional Document Showing Name and Address (TWO documents required)

- [] Current Utility bill; water, electric, or gas (no more than 60 days old). CELL PHONE BILLS ARE NOT ACCEPTABLE.
[] Vehicle registration or vehicle insurance
[] Voter Registration Card
[] Driver's license or State of Illinois photo ID
[] Recent credit card statement

Please contact the registration staff 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 FOR THOSE WHO DO NOT OWN OR RENT PROPERTY:

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 registration staff for more information or contact the District's McKinney-Vento Liaison, Dr. Theresa Fournier, at 847-498-2610.

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

IMPORTANT: District 27 may require any student to prove residency at any time.

Warning: State Law (105 ILCS 5/10.12b, 105ILCS 5/14-1.11a) requires that students attending District 27 be bona fide residents of the District. Generally, to be a bona fide resident, a student must live with a parent or guardian who resides within the District. Any person who knowingly enrolls or attempts to enroll in the schools of a student district on a tuition free basis a pupil known by that person to be a nonresident of the District, or any person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in the district without the payment of a nonresident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information shall be referred for criminal prosecution.

Child's Name: _____ Birthdate: ___/___/___

RELATIONSHIP TO STUDENT

You must provide a certified, original birth certificate. A copy will be made and the original returned to you. If the birth certificate is not available at the time of registration, other proof of the child's identity and date of birth is required, along with a signed affidavit.

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.

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)

FOR OFFICE USE ONLY

_____/_____/_____
Date
Enrollment Personnel (Signature)
Enrollment Personnel (Print Name)

- Form Complete* *Form Incomplete*

For Office Use Only:

Date of Verification ____/____/_____ Signature of Residency Officer: _____