

LIVING WITH OTHERS REGISTRATION CHECKLIST



REQUIRED REGISTRATION DOCUMENTS AND ACTIONS

Before your child begins school, the following must be completed:

ONLINE REGISTRATION SUBMITTED

After responding to all required questions, please be sure to **click the “submit” button** at the end. You will receive an email confirmation once your child’s application is submitted. Your application is NOT complete if you do not receive this email confirmation. *Please note: A separate application must be submitted for every child starting school.*

PROOF OF RESIDENCY IN LINCOLNWOOD SUBMITTED

Please see page 2 of this document for acceptable documents.

SCHOOL FEES PAID

For your convenience, school fees may be paid by check, credit, or debit card on the District Web Store. If you need any assistance processing your payment, please call 847-675-8234, Monday-Friday, 8:00 a.m. - 4:00 p.m. There is a \$25 late fee **per student** if payment is submitted after August 1.

MEDICAL FORMS SUBMITTED

Visit www.sd74.org/medical to view required medical forms for your child.

REQUIRED FOR NEW AND TRANSFER STUDENTS ONLY

ORIGINAL (CERTIFIED COPY) BIRTH CERTIFICATE

A certified copy will have a county seal on the certificate. Hospital and/or Baptismal Certificates will NOT be accepted. If you do not have your child's original birth certificate, and he or she was born in Illinois, you may go to this link to obtain one: ILLINOIS VITAL RECORDS (<http://www.idph.state.il.us/vitalrecords/births/pages/>).

RELEASE OF SCHOOL RECORDS FORM

You will need to provide the exact name of the previous school, the mailing address, and the zip code.

TRANSFER FORM ISSUED FROM PREVIOUS SCHOOL

HOME LANGUAGE SURVEY

The school office will have paper copies of this survey. You may ask for it in English or in your native language.

ACCEPTABLE PROOF OF RESIDENCY DOCUMENTS FOR LINCOLNWOOD SD74

REGARDING PROOF OF RESIDENCY

Proof of residency is a required part of the registration process for all students. In order to attend a Lincolnwood School District 74 school, a student is required to reside within the boundaries of Lincolnwood, Illinois.

Original documents requested will be inspected, photocopied, and returned.

Section 1: Provided by the parents/guardians living with Lincolnwood resident.

Submit documents for 1A, 1B, 1C, and 1D.

Category A (BOTH of the following documents)

Valid Original Lease

Provide the most recent signed and dated lease, no cross-outs. The landlord's phone number is required.

Proof of Two Months of Payments

Provide cancelled checks or rent payment receipts from the previous two months of rental.

Category B (ONE of the following documents)

Current Illinois Drivers License showing Lincolnwood address

Current Illinois State Issued ID showing Lincolnwood address

Category C (At least TWO of the following current documents with current Lincolnwood address)

Voter registration card or application for voter registration card

Homeowner's insurance certificate

Automobile registration from the State of Illinois

Recent gas, electric, or water bill

Only one (1) utility bill accepted. You also may provide a letter from a utility company if you recently moved.

Bank statement

Paycheck

Category D (Signed in front of a Notary)

Student Residency Affidavit Part 1 (pages 3-7) completed by the parents/guardians

Section 2: Provided/completed by the homeowner/renter living in Lincolnwood. Attach the following documents for 2A, 2B, 2C, and 2D.

Category A

HOMEOWNER (signer name on deed/closing statement)

Most recent real estate property tax bill for the residence showing owner as the taxpayer. (If owner's property tax bill has not been updated to their name, proof of payment is required.)

AND

A closing statement for the purchase of your Lincolnwood residence dated within two months of registration and a homeowner's insurance certificate.

OR

RENTER (lessee/signer on the lease document)

Valid original lease (signed and dated). Landlord's phone number is required

AND

Proof of last two months of payment (canceled original checks or rent payment receipts)

Category B (ONE of the following documents)

Current Illinois Drivers License showing Lincolnwood address

Current Illinois State Issued ID showing Lincolnwood address

Category C (At least TWO of the following current documents with current Lincolnwood address)

Voter registration card or an application for a voter registration card

Renter's insurance certificate

Automobile registration from State of Illinois

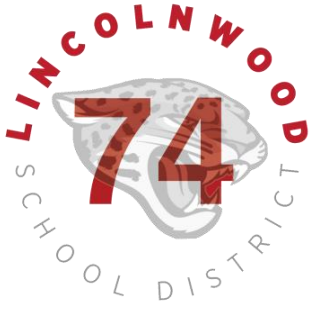
Recent gas, electric, or water bill. Only one (1) utility bill accepted. You may also provide a letter from a utility company if you recently moved.

Bank statement

Paycheck

Category D (Signed in front of a Notary)

Student Residency Affidavit Part 2 (pages 9-13) completed by the homeowner/renter



STUDENT RESIDENCY AFFIDAVIT

PART 1 OF 2:

❖ **REGARDING PROOF OF RESIDENCY:**

Proof of residency is a required part of the registration process for all students. In order to attend a Lincolnwood School District 74 school, a student is required to reside within the boundaries of Lincolnwood, IL.

1.) To Be Completed by Parent/Guardian of Student **Living with Another Person Residing in Lincolnwood, IL**

Name of Student: _____

Date of Birth: _____, _____ Grade Level: _____

1. Your Name: _____

2. Are you a parent of the above-named student? _____

3. Your Present Address: _____

4. Does the student live with you? _____ Full-time? _____ Part-time? _____

If part-time:

a) What portion of the time does the student live with you? _____

b) How many nights per week or month? _____

c) What days of the week or month? _____

d) What weeks or months of the year? _____

e) Does the student live with you during school holidays and breaks? _____

f) For the times the student is not living with you, with whom and where is the student living? _____

5. If the student is NOT living with you:

a) How long has she/he NOT lived with you? _____

b) With whom and at what address does the student live? _____

c) How long in the future do you intend the student to live at this address? _____

d) State the reasons why the student is not living with you: _____

e) Who else resides with you and what is each person's relationship to the student?

f) Describe the student's typical morning routine on school days *[including where and when student wakes up and how the student gets to school]*: _____

g) Describe the student's typical after school/evening routine *[including where the student goes after school, how the student gets there, and when and where the student eats dinner and sleeps]*:

h) At what address(es) are the student's clothes kept? _____

i) At what address(es) are the student's other belongings kept? _____

j) Indicate below the times the student has visited you at your present address during the past year:

- Number of nights (approximately) including weekends: _____
- Number of weekends (approx.): _____
- Winter vacation _____
- Spring vacation: _____
- Number of school holidays (approx.): _____
- Summer vacation: _____
- Other: _____

k) Indicate below the times you have visited the student during the past year at the address where the student lives:

- Number of nights (approximately) including weekends: _____
- How often at mealtimes (approx.) including weekends: _____
- How often on weekdays (approx.): _____
- How often on weekends (approx.): _____
- Winter vacation: _____
- Spring vacation: _____
- Number of school holidays (approx.): _____

- Summer vacation: _____
- Other: _____

6. Give each address at which the student has resided during the last five (5) years, the periods of time the student resided at each address, the individuals who also resided at the address at that time, and the reason(s) for leaving:

<u>Address</u>	<u>Dates Resided at Address & Who Resided at Address</u>	<u>Reason(s) for Leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Do you currently own or rent your place of residence? _____ Own _____ Rent _____ Other

a) If you own your home, please give address: _____

b) If you are renting, please provide the name and address of your landlord and provide a copy of your lease: _____

c) If you neither own nor rent your place of residence, please explain: _____

(Note: The person with whom you live will need to complete additional documentation; see part 2 on pages 2 and 8.)

8. If you reside at your current place of residence outside the District due to a military service obligation, please explain the nature and expected duration of the military service obligation: _____

9. Who provides the student's living expenses and costs? _____

a) If living expenses and costs are shared, please indicate the arrangements for sharing such expenses: _____

10. Who is responsible for the discipline and control of the student? _____

11. Who is financially responsible for any damages caused by the student? _____

12. In the event of an accident or other emergency, who may direct and consent to medical treatment and sign any releases required? _____

13. Who makes decisions regarding the student's medical needs and treatment? _____

14. Who makes decisions regarding the student's education? _____

15. Briefly state who enrolled the student in the District and the reasons why the student was enrolled in this District: _____

16. Do you have legal custody of the student? _____
- a) If not, please state the name and address of the person(s) having legal custody: _____

- b) State the reasons why you do not have legal custody: _____

17. Who claims the student as a dependent on their federal income tax return? _____

18. Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the named student to any person. If to your knowledge there are no such documents, please check this box.
 No Such Document
19. Does anyone receive Illinois public aid payments for the student? If so, who? _____

20. Provide any additional information which may help to establish the student's residency or which is otherwise relevant to the question of the student's residency: _____

AFFIDAVIT

STATE OF ILLINOIS)

) ss.

COUNTY OF _____)

The undersigned, being duly sworn, states that the answers to the above and foregoing questionnaire are true and correct.

Signature

SUBSCRIBED AND SWORN to

before me this _____ day

of _____, 20_____.

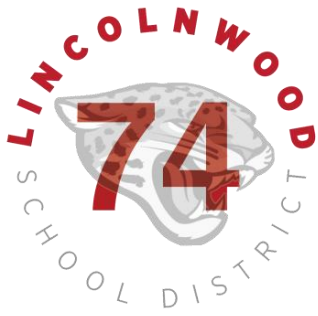
Notary Public

NOTE: It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardians within the District boundaries. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of information on this form or otherwise submitted to the District may result in your child being excluded from school, and may expose you to monetary liability under Illinois law for payment of tuition for such time as your child was illegally enrolled in the District. Further, any person who knowingly enrolls or attempts to enroll a non-resident student in the District or presents to the District any false information regarding the residency of a student commits a Class C misdemeanor.

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STUDENT RESIDENCY AFFIDAVIT

PART 2 OF 2:

❖ REGARDING PROOF OF RESIDENCY:

Proof of residency is a required part of the registration process for all students. In order to attend a Lincolnwood School District 74 school, a student is required to reside within the boundaries of Lincolnwood, IL.

1.) To Be Completed by Resident of Lincolnwood with Whom Student Lives

NAME OF STUDENT: _____

Date of Birth: _____ Grade Level: _____

1. Your name: _____

2. What is your relationship to the student? _____

3. Your present address: _____

4. Does the student live with you? _____ Full time? _____ Part time? _____

If part time:

a) What portion of the time does the student live with you? _____

b) How many nights per week or month? _____

c) What days of the week or month? _____

d) What weeks or months of the year? _____

e) Does the student live with you during school holidays and breaks? _____

f) For the times the student is not living you, where and with whom is the student living? _____

g) How long will the student be living with you? _____

5. a) Indicate below the times the student has visited his/her parents at their present address during the past year:

• Number of nights (approximately) including weekends: _____

• Number of weekends (approximately): _____

• Winter vacation: _____

• Spring vacation: _____

- Number of school holidays (Approx.): _____
- Summer vacation: _____
- Other: _____

b) Indicate below the times the parents have visited the student during the past year at the address where the student lives:

- Number of nights (approximately) including weekends: _____
- How often at mealtimes (approx.) including weekends: _____
- How often on weekdays (approx.): _____
- How often on weekends (approx.): _____
- Winter vacation: _____
- Spring vacation: _____
- Number of school holidays (approx.) _____
- Summer vacation _____
- Other _____

6. State the reasons why the student is living with you: _____

7. Who else resides with you and what is each person's relationship to the student? _____

8. Describe the student's typical morning routine on school days *[including where and when student wakes up and how the student gets to school]*: _____

9. Describe the student's typical after school/evening routine *[including where the student goes after school, how the student gets there, and when and where the student eats dinner and sleeps]*: _____

10. At what address(es) are the student's clothes kept? _____

11. At what address(es) are the student's other belongings kept? _____

12. Do you currently own or rent your place of residence? ____ Own ____ Rent ____ Other (if other, explain):

13. Who provides the student's living expenses and costs? _____

- a) If living expenses and costs are shared, please indicate the arrangements for sharing such expenses:

14. Who is responsible for the discipline and control of the student? _____

15. Who is financially responsible for any damages caused by the student? _____

16. If the event of an accident or other emergency, who may direct and consent to medical treatment and sign any releases required? _____

17. Who makes decisions regarding the student's medical needs and treatment? _____

18. Who makes decisions regarding the student's education? _____

19. Briefly state who enrolled the student in the District and the reasons why the student was enrolled in the District: _____

20. Do you have legal custody of the student? _____
- a) If not, state the name and address of the person who does: _____

- b) State the reasons why you do not have legal custody of the student: _____

21. Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the named student to any person. If to your knowledge there are no such documents, please indicate in the space below.

No such documents

22. Does anyone receive Illinois public aid payments for the student? If so, who? _____

23. Provide any additional information which may help to establish the student's residency or which is otherwise relevant to the question of the student's residency: _____

AFFIDAVIT

STATE OF ILLINOIS)

) ss.

COUNTY OF _____)

The undersigned, being duly sworn, states that the answers to the above and foregoing questionnaire are true and correct.

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before me this _____ day

of _____, 20_____

Notary Public

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