



## Living with Others Registration Checklist

### **REQUIRED REGISTRATION DOCUMENTS AND ACTIONS**

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

**ONLINE REGISTRATION APPLICATION SUBMITTED**

After responding to all required questions, please 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 for the list of acceptable documents.

**SCHOOL FEES PAID**

For your convenience, school fees may be paid by check, credit card, or debit card through 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 <https://www.sd74.org/family-resources/health-services> to view required medical forms for your child.

### **Required for new and transfer students only**

**ORIGINAL CERTIFIED COPY OF 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

*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 will be inspected, photocopied, and returned.*

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

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

#### **Category A** (BOTH of the following documents)

*Not applicable*

#### **Category B** (ONE of the following documents)

- Current Illinois driver's license showing Lincolnwood address
- Current Illinois state-issued ID showing Lincolnwood address

#### **Category C** (At least TWO of the following current documents showing Lincolnwood address)

- Voter registration card
- Automobile registration from the State of Illinois
- 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.**

Submit documents for 2A, 2B, 2C, and 2D.

**Category A**

If you are the **homeowner** (Signer name on deed/closing statement)

- Most recent real estate property tax bill for the residence showing homeowner as the taxpayer. (If homeowner'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.

If you are the **renter** (Lessee/signer on the lease document)

- Valid original lease (signed and dated). The 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 driver's license showing Lincolnwood address
- Current Illinois state-issued ID showing Lincolnwood address

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

- Voter registration card
- Homeowner's or Renter's insurance certificate
- Automobile registration from the State of Illinois
- Recent gas, electric, or water bill. Only one (1) utility bill is accepted. You may also provide a letter from a utility company if you recently moved.

**Category D** (Signed in front of a Notary)

- Student Residency Affidavit Part 1** (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?

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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]*: \_\_\_\_\_

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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]*:

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

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

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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 &amp; 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: \_\_\_\_\_

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

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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]*: \_\_\_\_\_

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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]*: \_\_\_\_\_

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

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

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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\_\_\_\_\_

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Notary Public

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