Oak Lawn Community High School
2026-2027 Residency Validation Form

Family Information

Student Name: _____ Student ID:_____ DOB: ____/____/_____

Student Name: _____ Student ID:_____ DOB: ____/____/_____

Student Name: _____ Student ID:_____ DOB: ____/____/_____

Student Name: _____ Student ID:_____ DOB: ____/____/_____

Parent 1/Legal Guardian 1 Name: _____ Phone: _____

Parent 2/Legal Guardian 2 Name: _____ Phone: _____

Parent 1 email: _____ Parent 2 email: _____

As the parent(s) or legal guardian(s) of the student(s) named above, I declare, under penalty of perjury, that:

1. We currently reside at:

_____
(Street Address)

_____
(City) (Zip Code)

_____
(Cell Phone)

My previous address was (if less than 2 years):

_____
(Street Address)

_____
(City) (State) (Zip Code)

_____
(Previous Home Phone Number)

We have lived at this current address since (month/day/year): _____

If different from above, list the address of Parent 2/Legal Guardian 2: _____
(Street Address) (City) (Zip Code)

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, plus 10% per Illinois School Board of Education Code**.

____/____/____ _____ _____

Today's Date ***Parent/Legal Guardian (Signature)*** ***Parent/Legal Guardian (Print Name)***

Residency Questionnaire

The following questions will be used to help verify that the student(s) and parent/guardian are legal residents of District 229.

1. What school did the student previously attend? _____

2. Do you own <u>another</u> property? _____ If so, please state the address. _____

3. Does your OLCHS student(s) spend any nights in any other home on a regular basis? ☐Yes ☐No

    a. If you answered yes, please list the address here. _____

4. List additional members of the household (names and ages) not previously listed on this form:

_____

_____

_____

_____

Residency Verification

You must provide documentation showing the student and their parent/legal guardian ***<u>reside at</u>*** the address listed in this document. Please check and attach a copy of the following documents. Place the student's name and ID number at the top of each document.

Do you own or rent? ☐ Own ☐ Rent

<u>ALL DOCUMENTS MUST BE CURRENT AND SHOW YOUR NAME AND ADDRESS</u>

1. **COPY** of a **<u>DRIVER'S LICENSE OR STATE ID</u>**
2. **COPIES** of the following documentation:

    ONE (1) document from Category A <u>and</u> **TWO** (2) documents from Category B.

Category A – One (1) document

- ❑ Mortgage Statement
- ❑ Signed Lease (name and phone number of landlord must be included)
- ❑ Homeowners Insurance
- ❑ Current Real Estate/Property Tax Bill

Category B – two (2) documents

- ❑ Gas bill
- ❑ Electric bill
- ❑ Water/Sewer bill
- ❑ Telephone bill (cell phone not accepted)
- ❑ Cable TV/Internet bill
- ❑ Vehicle Registration
- ❑ Insurance
- ❑ Public Aid Card
- ❑ Medicaid Card
- ❑ Garbage bill