

McLean County Unit District No. 5
VERIFICATION OF RESIDENCY AND ENROLLMENT

Child's Name: _____ Date of birth: ___/___/___

I, _____, live at _____
Name of Adult *Address*

which is located within the boundaries of McLean County Unit District No. 5.

Step 1: Residency Verification (Part A)

Do you: Own your own home Rent Other: _____

You must provide documentation showing you **live at** the address listed above. Please check and attach a copy of three (3) of the following documents. You should black out account and social security numbers on the documents. If you cannot produce all three (3) documents, skip to Residency (Part B).

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

You must provide one (1) document from Category A **and** two (2) documents from Category B.

Category A – One (1) document

Category B – Two (2) documents

- Real estate tax bill
- Signed lease
- Mortgage document or payment book
- Residency Attestation
- Military housing letter
- Section 8 letter
- Other*: _____

- Gas bill
- Electric bill
- Water/Sewer bill
- Phone bill (no cell)
- Cable bill
- Vehicle registration
- Bank statement
- Other*: _____
- Public aid card
- Medicaid card
- Food stamp card
- Credit card statement
- Pay check stub
- City sticker receipt
- Driver's license/State ID

*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.

Step 1: Residency Verification (Part B)

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 at 309-557-4400.

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

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Child's Name: _____ Date of birth: ___/___/___

Step 2: Relationship to Student

You must provide a certified copy of the student's 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 reliable proof of the child's identity and date of birth is required, along with a signed affidavit. Other reliable proof of the child's identity and age shall include a passport, visa or other governmental documentation of the child's identity.

Check one below:

- I am the natural or adoptive parent with whom the student resides. Please provide custody agreement, if applicable.
- I was granted court-ordered custody or guardianship of the student and the student resides with me for reasons other than to access the educational programs of the District (provide copy of court document).
- I am the adult caretaker relative of the student, receive public aid on behalf of the student, and the student resides with me for reasons other than to access the educational programs of the District (provide copy of documentation showing receipt of aid).
- I have assumed and exercise legal responsibility for the student and provide him/her with a regular, fixed, nighttime abode for reasons other than to access the educational programs of the District.

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.

Step 3: Affirmation and Warning (Must be completed in the presence of a District employee)

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: _____