

## AFFIDAVIT VERIFICATION OF STUDENT RESIDENCEY

I, \_\_\_\_\_  
Print name of parent/guardian

the parent/guardian of

\_\_\_\_\_  
Pupil's last name, first name, middle initial

\_\_\_\_\_  
Pupil's date of birth

declare under the penalty perjury that I am the legal custodial parent or legal guardian of the above-named pupil and that I and the above-named pupil reside at the following address: (Please note that Post Office Boxes are not acceptable for proof of residency purposes.)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, County, State, Zip Code

A copy of a current utility bill showing this address or other address verifying information (voter registration, driver's license) must be submitted with this form.

I also agree to notify the school within two (2) weeks when residency has been changed, either within or outside the District. If within the District, proof of residency must be resubmitted. If outside the District, appropriate transfer forms will also be required.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Illinois.  
Day Month, Year City

\_\_\_\_\_  
Signature of Parent