

**Meridian
Community Unit School District #15
Residency Affidavit**

Date: _____

I. Identifying Information: (Please print)

Student's Name(s) and Grade Levels:

Parents'/Guardians' Names:

Address and phone number where student(s) regularly sleeps:

Parents'/Guardians' address and phone number:

Person who enrolled student(s) (if different from Parent/Guardian). Include address and phone number:

II. Residency of Person with Whom Student Lives and Who Claims Custody of the Student:

The person with whom the student lives and who claims custody of the student must attach to this Form at least one document from Category A and at least two documents from Category B, which must be acceptable to the District.

Category A (CHECK AND ATTACH AT LEAST ONE OF THE FOLLOWING DOCUMENTS:)

- _____ The most recent real estate tax bill for my residence showing me as the taxpayer
- _____ Signed lease for my residence
- _____ A closing statement for the purchase of my residence
- _____ A notarized letter from the owner of my residence stating that I reside at that residence and the duration of my residence.

Category B (CHECK AND ATTACH AT LEAST TWO OF THE FOLLOWING DOCUMENTS:)

- _____ Driver's license
 - _____ Gas or electric bill
 - _____ Public Aid card
 - _____ Voter registration card or application for voter registration card
 - _____ Home/apartment insurance certificate
 - _____ Automobile registration - State of Illinois
 - _____ Telephone bill or letter from telephone company
 - _____ Other (please describe below)
- _____

Category C None of the documents in Categories A or B above are applicable because:

- _____ 1. The student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act.
- _____ 2. The student is enrolling based on the determination of the Department of Children and Family Services (DCFS) (attach evidence of DCFS determination).
- _____ 3. Residency will be established within 30 calendar days (attach a real estate contract or lease).

III. Custody: (Check as many of the following as are applicable.)

- 1. I am the natural or adoptive parent of the student.
- 2. The student lives with me on a full-time basis.
- 3. I provide the student with a regular nighttime place to sleep. ("Regular" means virtually full-time, including most weekends, holidays, and school vacation periods.)
- 4. The student is a special education student.
- 5. The student is a foreign exchange student.
- 6. The student is at least 18 years old.
- 7. I have a court order giving me custody or guardianship of the student.
- 8. I am a caretaker relative of the student receiving aid for the student from the Illinois Department of Public Aid.
- 9. I am a foster parent of the student who was placed with me by the Illinois Department of Children and Family Services.
- 10. I am a representative of a child care facility with which the student has been placed by the Illinois Department of Children and Family Services.
- 11. The student is under 18 years of age but has been emancipated by court order or marriage.
- 12. I have been appointed a short-term guardian of the student.

NOTE: If you are not the natural or adoptive parent with legal custody of the student, state the reason(s) the student is living with you: _____

NOTE: If you checked any of 7 through 12 above, attach a copy of the court order, marriage certificate, transfer of guardianship, evidence of receipt of public aid for the student or DCFS documents as appropriate.

Additional information you wish to provide (attach extra sheet if necessary): _____

IV. Warning and Affirmation:

Illinois law has made it a crime, punishable by imprisonment and fine, to knowingly or willfully present any false information regarding the residency of a student for purposes of enabling that student to attend on a tuition-free basis or to knowingly enroll or attempt to enroll a student on a tuition-free basis when the student is known to be a non-resident of the District or a non-resident of the attendance area he or she is attending. The District will seek prosecution to the full extent of the law of any person whom the District believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the District.

I affirm that I am a resident of this District and of the attendance area my child attends and that the information presented in this Affidavit and in connection with any investigation of my residency or the residency of the student is true, complete and accurate.

Signature of the Person Claiming Custody of the Student and With Whom the Student Lives

Dated: _____

Subscribed and Sworn to before me this _____ day

of _____, 20__.

Notary Public