



WILLOW GROVE SCHOOL DISTRICT #46



PROOF OF RESIDENCY

Student Name(s): _____ _____ _____ _____	Grade: _____ _____ _____ _____
Parent/Guardian Name(s): _____	Phone: _____
Address: _____	Zip Code: _____
Town: _____	

Is the person who leases or owns the property listed above? YES _____ NO _____

If no, the residency requires the homeowner's/leaseholder's assistance in completing the information on this form. (See Page 2)

Proof of Residency must be **COMPLETE** before a student is registered to attend school.

COLUMN A (1 REQUIRED)	COLUMN B (ANY 2 ITEMS REQUIRED FROM A OR B)
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Lease _____ Mortgage Closing Paper _____ Mortgage Statement _____ Tax Assessment _____ Tax Bill _____ Warranty Deed _____	Illinois Driver's License (Not Illinois State ID's) _____ Current Utility Bill (Gas, Electric, Water, House Phone) _____ State of Illinois Vehicle Registration _____ Homeowner's Insurance _____ Renter's Insurance Policy _____ Medicaid Medical Card _____ Department of Children and Family Services Voucher _____ Village or County Occupancy Permit _____ Voter's Registration Card _____ Federal Firearms Card _____ SSN Documentation _____
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**We do not accept: Illinois State ID Cards, Cell Phone Bills,
*Cable Bills, or Credit Card Statements!**

**Will accept combined billing cable w/home phone*

Proof of Residency

Residents who reside with someone else within the District and do not have a lease or mortgage in their own name may choose from the documents in the chart below.

Both parties are required to present specific documents. The homeowner/leaseholder must present a total of three documents. One must be from Column A and two additional documents from Column A or B. (See Page 1)

The temporary resident must provide three documents selected from the list below:

Illinois Driver's License (Not Illinois State ID's) _____	Voter's Registration Card _____
Current Utility Bill (Gas, Electric, Water, Phone) _____	Payroll Stub/Unemployment Statement _____
State of Illinois Vehicle Registration _____	Bank Account Statement _____
Homeowner's Insurance _____	Vehicle Registration
Renter's Insurance _____	U.S. Postal Change of Address Letter _____
Medicaid Medical Card _____	Village Occupancy Permit _____
Department of Children and Family Services Voucher _____	

*Feel free to black out any personal information on your documents.
We are only looking for your name and address!*

Property Owner/Leascholder Name: _____

Property Address: _____

ANSWER EACH QUESTION

The child(ren) sleep(s) at this address.	YES _____	NO _____
The child(ren) spend(s) weekends at this address	YES _____	NO _____
The child(ren) spend(s) summer at this address	YES _____	NO _____

If NO to any of the above please explain: _____

Proof of Residency

READ & SIGN



I affirm that the completed residency information is true, and am aware that falsifying records to enroll a non-resident results in a **CLASS C MISDEMEANOR**, and that I will be sued for the current school year's cost of tuition or 110% of the tuition charge per (105ILCS 5/10.12b).

I am also aware that District 201-U does conduct random residency checks throughout the year.

PARENT/GUARDIAN SIGNATURE _____	Date _____
PROPERTY OWNER/LEASEHOLDER SIGNATURE _____	Date _____
APPROVED BY _____	Date _____