

Residency Affidavit



Residency Requirements when the Parent/Legal Guardian ***does not*** own or lease the residence:

Parent/Legal Guardian must provide **2** proofs of Residency in addition to completing the Residency Affidavit

AND

Homeowner must provide **3** proofs of Residency

Residency Requirements

Parent/Legal Guardian: 3 Proofs of Residency with Parent/Guardian name and current address
(You will need: Residency Affidavit-notarized in addition to 2 proofs from Category B)

Category A:	Category B:
<input type="checkbox"/> Residency Affidavit - Notarized	<input type="checkbox"/> Driver's License or State I.D.
	<input type="checkbox"/> Auto Insurance
	<input type="checkbox"/> Auto Registration
	<input type="checkbox"/> Utility Bill
	<input type="checkbox"/> Public Aid Card
	<input type="checkbox"/> Cellular Phone Bill
	<input type="checkbox"/> Photo I.D. from Foreign Consulate
	<input type="checkbox"/> Letter/Document from a Federal/State Agency
	<input type="checkbox"/> Cable Bill
	<input type="checkbox"/> Paycheck Stub
	<input type="checkbox"/> Bank Statement
	<input type="checkbox"/> Credit Card Statement

Homeowner: 3 Proofs of Residency with homeowner's name and district address.

One or Two from each Category to make 3 total.

Category A:	Category B:
<input type="checkbox"/> Most Recent Real Estate Tax Bill	<input type="checkbox"/> Driver's License
<input type="checkbox"/> Signed Lease	<input type="checkbox"/> Auto Insurance
<input type="checkbox"/> Signed Settlement Statement	<input type="checkbox"/> Auto Registration
<input type="checkbox"/> Signed Truth in Lending Statement	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Warranty Deed	<input type="checkbox"/> Public Aid Card
<input type="checkbox"/> Current Assessment Notice	<input type="checkbox"/> Homeowner's/Renter's Insurance
<input type="checkbox"/> Current Mortgage Stmt/Payment Book	<input type="checkbox"/> Photo I.D. from Foreign Consulate
<input type="checkbox"/> Bill of Sale	<input type="checkbox"/> Letter/Document from a Federal/State Agency
	<input type="checkbox"/> Cable Bill
	<input type="checkbox"/> Paycheck Stub
	<input type="checkbox"/> Bank Statement
	<input type="checkbox"/> Credit Card Statement

Plainfield Community Consolidated School District 202

A. PARENTS/GUARDIAN MUST COMPLETE THIS SECTION AND FURNISH TWO (2) PROOFS OF RESIDENCY. SEE CATEGORIES A & B

THIS AGREEMENT AUTOMATICALLY TERMINATES ON THE LAST DATE OF SCHOOL (MO _____ YR _____)

I, _____ verify that my child(ren) and I live at _____ Apt _____
City _____ Zip Code _____. Our residence within this district has been established because _____

We intend to remain at this residence until _____.

Previous address _____ Previous home phone () _____.

Name of Child	Grade	Dis. 202 school

I understand residence information may be verified by a home visit and that I must notify the school immediately in writing when I move out. Falsification of residency information on this document will be grounds for removing student(s) from the Plainfield School District and tuition fees will be assessed from the first day of student attendance. I am aware that under Illinois State Law that it would be classified a Misdemeanor for Falsification of information and I could face criminal prosecution. I affirm (declare) under penalty of the law that the foregoing is true and correct. ONLY SIGN IN FRONT OF A NOTARY.

_____ Signature of Parent/Legal Guardian	_____ Print name of Parent/ Guardian	() _____ Home Phone
Subscribed and sworn to before me on this _____ day of _____, 20____		_____ Signature of Notary
↑Notary Seal↑		_____ Business Phone

B. DISTRICT RESIDENT MUST COMPLETE THIS SECTION AND FURNISH THREE (3) PROOFS OR RESIDENCY. SEE CATEGORIES A & B.

I, _____, verify that _____ and their child(ren) _____ are living with me in my home at _____.

Utility bills are paid by me. I understand residence information may be verified by a home visit and that I must notify the school immediately, in writing, when the above-named family moves out of my home. I understand that Under the Illinois State Law that it would be classified a Misdemeanor for Falsification of Information and I could face criminal prosecution. I affirm (declare) under penalty of the law that the foregoing is true and correct. Enrollment will be terminated immediately should it be determined that the residency requirements are not being met. ONLY SIGN IN FRONT OF A NOTARY.

_____ Signature of District Resident	_____ Print Name of District Resident	() _____ Home Phone
Subscribed and sworn to before me on this _____ day of _____, 20____		_____ Signature of Notary
↑Notary Seal↑		() _____ Business Phone