

Winnebago Community Unit School District #323

Residency Verification



Please Print

Parent Name _____

Address _____

PO Box _____

City, State Zip _____

Phone Number _____

Student Name _____ Grade Entering **P K 1 2 3 4 5 6 7 8 9 10 11 12**

Student Name _____ **P K 1 2 3 4 5 6 7 8 9 10 11 12**

Student Name _____ **P K 1 2 3 4 5 6 7 8 9 10 11 12**

Parents and guardians of all new students in the Winnebago School District must provide proof of residency in accordance with Board Policy 7:50(residency) and Board Policy 6:140 (Education of Homeless Children) that the student lives within the boundaries of the Winnebago School District. Failure or refusal to complete this form and provide the required documentation will result in exclusion from enrollment from all district schools. The District will accept **ONLY** the following documents as Verification for Residency. A minimum of five additional documents is required:

Category I (One Required)			
	Mortgage Document (1 st page only)		Property Tax Bill/Receipt
	Lease or rental agreement		Landlord's statement AND proof of last month's payment
Category II (Four Required)			
	Current Driver's License		Vehicle Registration
	Voter Registration		Recent Utility Bill (Gas, Water, or Electric)
	Current Public Aid Card		Homeowner/Renter Insurance Policy/Receipt
	Current Library Card		Receipt for Moving Van Rental
	Mail received at new residence		

As parent or guardian, I certify that the child named above lives with me within the boundaries of the Winnebago CUSD #323 on a full time basis at the address shown. I agree to notify district officials promptly if this ceases to be the case. I have furnished documents as evidence of my residency and understand that falsification of information on this form or otherwise submitted to the district may result in my child being excluded from school, and may expose me to monetary liability under Illinois law for payment of tuition for such time as my child was illegally enrolled in the district.

Parent Statement of Residence	YES	NO
The child(ren) named above lives with me within the boundaries of the Winnebago CUSD #323 on a full time basis at the address shown.		
The child(ren) sleeps regularly at said residence.		
The child(ren) spends his/her weekends regularly at said residence.		
The child(ren) spends his/her summers regularly at said residence.		
The child(ren) named above is homeless.		
The parent or guardian is currently serving in the military.		

Guardianship	YES	NO
I am the legal parent or guardian for the student(s) listed above including responsibility for medical decisions.		

Print Parent/Guardian Name

Signature

Date

Print Parent/Guardian Name

Signature

Date

This form must be submitted to the District Office located at 304 E. McNair Road, Winnebago, IL 61088. All documentation to be considered must be included with the form. The family will receive a letter within 10 business days verifying acceptance or rejection. If approved the family will receive a registration packet and information on how to complete the registration.