

**McKinney-Vento Homeless Education  
 Verification of Residency and Enrollment**

SCHOOL DISTRICT NAME AND NUMBER	SCHOOL NAME	GRADE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STUDENT NAME		DATE OF BIRTH (mm/dd/yyyy)	

I, \_\_\_\_\_, live at \_\_\_\_\_  
Name of Adult Street, City, State, Zip

which is located within the boundaries of \_\_\_\_\_  
School District Name and Number

**PART 1: RESIDENCY VERIFICATION**

DO YOU:  Own your own home  Rent  Other (Explain) \_\_\_\_\_

You must provide documentation showing you live at the address listed above. Please attach a copy of three (3) of the following documents. Please black out account and social security numbers on the documents. **If you cannot produce all three documents, skip to Part 1A below.**

**All documents should be current and show your name and address.**

<i>Category A - Provide one (1) document</i>	<i>Category B - Provide two (2) documents</i>	
<input type="checkbox"/> Real estate tax bill	<input type="checkbox"/> Gas bill	<input type="checkbox"/> Public aid card
<input type="checkbox"/> Signed lease	<input type="checkbox"/> Electric bill	<input type="checkbox"/> Medicaid card
<input type="checkbox"/> Mortgage document or payment book	<input type="checkbox"/> Water/Sewer bill	<input type="checkbox"/> Food stamp card
<input type="checkbox"/> Military housing letter	<input type="checkbox"/> Phone bill (not cell phone)	<input type="checkbox"/> Credit card statement
<input type="checkbox"/> Section 8 letter	<input type="checkbox"/> Cable bill	<input type="checkbox"/> Pay check stub
	<input type="checkbox"/> Vehicle registration	<input type="checkbox"/> City sticker receipt
	<input type="checkbox"/> Bank statement	<input type="checkbox"/> Driver's license/ State ID

Other\* \_\_\_\_\_ \*Please contact the registration staff if you are having trouble collecting all three documents. The district may require a home visit and/or additional documentation to verify residency.

**PART 1A: RESIDENCY VERIFICATION**

I am unable to provide three (3) of the above documents because: (check all that apply)

Our family has not had a permanent resident since \_\_\_\_\_  
Date

Last school attended \_\_\_\_\_

Address of last permanent residence \_\_\_\_\_

<input type="checkbox"/> Living in a shelter	<input type="checkbox"/> Living in abandoned apartment or building
<input type="checkbox"/> Sharing housing with others due to loss of housing, economic hardship, etc.	<input type="checkbox"/> Disaster victim
<input type="checkbox"/> Living at train or bus station, park, or in car	<input type="checkbox"/> Unaccompanied youth
<input type="checkbox"/> Living in a hotel, motel, campground, or other similar situation	<input type="checkbox"/> Temporarily housed, awaiting DCFS foster care placement
	<input type="checkbox"/> Other _____

Your child may qualify for additional services. Please ask the registration staff for more information or contact the District's McKinney-Vento Liaison at \_\_\_\_\_

Please indicate any social service agency you are currently working with: \_\_\_\_\_

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**PART 2: RELATIONSHIP TO STUDENT**

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You must provide a certified, original birth certificate. A copy will be made and the original returned to you. If a birth certificate is not available at time of registration, other proof of the child's identity and date of birth is required along with a signed affidavit.

- I am the natural or adoptive parent listed on the birth certificate. (Please provide custody agreement, if applicable.)
- I was granted court ordered guardianship. (Please provide copy of court documentation.)
- I receive aid on behalf of the child. (Please provide copy of documentation showing receipt of aid.)
- I have assumed and exercise responsibility for child and provide him/her with a fixed, nighttime abode. *(Please check each of the following boxes to be true and accurate.)*
  - The child is living with me because \_\_\_\_\_
  - I am at least 18 years of age.
  - The child eats and sleeps at my residence on a regular basis.
  - The child is not living with me for the sole purpose of having access to the educational programs of the school district.

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**PART 3: AFFIRMATION AND WARNING (Must be completed in the presence of a District employee)**

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Please read the following statements and initial each.

- \_\_\_ I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.
- \_\_\_ I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.
- \_\_\_ I understand that knowingly enrolling or attempting to enroll a child in the school of a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident child has a lawful right to attend, is a Class C misdemeanor and I will be liable for payment of tuition, fees, and all other applicable fines.

\_\_\_\_\_  
Name of Adult Enrolling Student (please type or print)

\_\_\_\_\_  
Name of Enrollment Personnel (please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date