

Riverside Public Schools District 96

FORM A

VERIFICATION OF RESIDENCY for Homeowners and Renters

If you rent Month-to Month or do not have a lease, complete FORM A1

If you share housing with someone else, complete the Affidavits of Residency FORMS B1 and B2

Parents who are Divorced, Separated or Never Married must also complete FORM C

Student's Name:		Grade:	
Student's Name:		Grade:	
Student's Name:		Grade:	
Home Address:			
Parent Name:		Parent Name:	

☐ I own my home. ☐ I rent my home and have a current lease ☐ Other

Other: STOP HERE. Complete **either** Verification of Residency FORM A1 **or** Affidavits of Residency FORMS B1 and B2

You must provide documentation showing you ***live at*** the address listed above. Please present the documents required below and black out any account numbers, social security numbers or dollar amounts. **All documents must be no older than three (3) months old and show your name and in-district address.**

You must provide one of these photo ID's: **Driver's License or State ID***

***If you are unable to provide one of these, please speak with the Registrar to discuss other options.**

You must provide one (1) document from Category A and at least three (3) documents from Category B.

CATEGORY A – 1 Document	CATEGORY B – at least 3 Documents	
<input type="checkbox"/> Mortgage Statement	<input type="checkbox"/> Gas Bill	<input type="checkbox"/> Credit Card Statement
<input type="checkbox"/> Home ownership title or deed or Real Estate Tax Bill	<input type="checkbox"/> Electric Bill	<input type="checkbox"/> Insurance Bill
<input type="checkbox"/> Mortgage payment book	<input type="checkbox"/> Phone Bill	<input type="checkbox"/> Bank Statement
<input type="checkbox"/> Current Signed Lease	<input type="checkbox"/> Water Bill	<input type="checkbox"/> Paycheck Stub
Exp. Date____/____/____	<input type="checkbox"/> Cable Bill	<input type="checkbox"/> Medicaid Statement
	<input type="checkbox"/> Internet Bill	<input type="checkbox"/> Trash Removal Service

Please contact the district registrar at 708-447-5007 if you have any questions.

The district may require additional documentation to verify residency prior to enrollment.

Affirmation and Warning

Please read the following statement and **initial:**

<input type="checkbox"/>	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 and give District 96 permission to verify my residency through a district-hired investigator.	
	I understand that knowingly or willfully providing false information to District 96 regarding the residency of a child for the purpose of enabling that child to attend any school in the district is a Class C misdemeanor.	
	I understand and certify that by signing this form, I will be held responsible for payment of tuition for the child/children named, and all applicable fees/fines if any false information is herein provided regarding residency.	

<i>Parent/Legal Guardian's Signature</i>	<i>Parent/Legal Guardian's Printed Name</i>	<i>Date</i>

FOR DISTRICT OFFICE USE ONLY

Completed Form Received Date:____/____/____ Staff Signature_____