Warrensburg-Latham CUSD #11
430 W North St
Warrensburg, IL 62573

VERIFICATION OF RESIDENCY

STUDENT: _____

ADDRESS: _____

PHONE: _____

No student will be permitted to attend the schools of Warrensburg-Latham CUSD #11 unless the student is a legal resident of the area served by the school district and is able to furnish a permanent address within the district's boundaries.

PROPERTY OWNER:

_____ Mortgage Papers (**required)**

A minimum of two (2) of the following:

____ Home Insurance Policy	____ Illinois State ID
____ Tax Bill	____ Voter's Registration Card
____ Utility Bill	____ Bank Account Statement
____ Driver's License	____ Credit Card Statement
____ Automobile Insurance	____ Loan Payment Book
____ Vehicle Registration	

RENTERS:

One of the following required:

____ Lease from _____ to _____

____ A written statement from your landlord/property owner/management company stating that the child and parent reside at the same location.

A minimum of two (2) of the following:

____ Utility Bill	____ Voter's Registration Card
____ Driver's License	____ Bank Account Statement
____ Automobile Insurance	____ Credit Card Statement
____ Vehicle Registration	____ Loan Payment Book
____ Illinois State ID	

I, _____, desire to enroll _____ a
Name of person with legal custody   *name of student*

Minor, age_____, as a student in _____. I understand that only
Insert age   *name of school*

Only students who are residents in Warrensburg-Latham CUSD #11 may attend school tuition-free. I submit the following information regarding the residency of the student for the purpose of the student to attend _____ without payment of tuition:
Name of school

- I have legal custody of the student. My relationship with the student is
  _____

- I reside in Warrensburg- Latham School District at
  _____

- The student _____ does or _____ does not (check the one that applies) live with me at the above stated address. If the student does not live with you at the above address, please explain: _____

Date: _____

Signature:_____

Residence information will be verified. There will be a penalty assessed for students enrolled in District #11 schools who are determined at a later date in the school year to be a non-resident of School District #11. The penalty will be immediate removal from school, and District #11 will assess the parent/guardian tuition at a rate __$8,480.00___ a year for each student retroactive to the time of enrollment.

We/I understand and certify that by signing this affidavit, we/I will be held responsible for payment of tuition for the above named child/children if any false information is herein provided. We/I hereby declare that the foregoing information is true and correct. I will notify the school office of any change in the residence or telephone information cited above within seven (7) days of such change.

NOTE: Pursuant to 105 ILCS 5/10-20.12b, "a person who knowingly or willfully presents to any School district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend school in the district without payment of a nonresident tuition charge shall be guilty of a Class C misdemeanor."

School Use Only:

Reviewed by: _____   Date: _____

_____ Accepted
_____ Further Information Needed