

**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.

Category A - Provide one (1) document	Category B - Provide two (2) documents
<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

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.

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

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