



# Irvington Grade School

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Irvington, IL 62848  
(618) 249-6439  
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**David Schulte**, *Superintendent*  
**Pamela Schaeffer**, *Administrative Assistant*

## Verification of Residency

Student name(s): \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Parent / Guardian name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Is the person who leases or owns the property listed above? (Circle one) YES NO  
If no, the residency requires the homeowner/leaseholder's assistance in completing the information on this form. (See page 2)

**PROOF OF RESIDENCY MUST BE COMPLETE BEFORE A STUDENT IS REGISTERED TO ATTEND SCHOOL.**

We do NOT accept the following: Illinois State ID cards, cell phone bills, cable bills or credit card statements.

<u>Column A (1 item REQUIRED)</u>	<u>OR</u>	<u>Column B (any 2 items REQUIRED)</u>
Lease		Illinois Driver's License
Mortgage closing documents		Current utility bill (gas, electric, water)
Mortgage statement		State of Illinois Vehicle Registration
Tax Assessment		Homeowner's Insurance
Tax bill		Renter's Insurance policy
Warranty Deed		Medicaid medical card
		DCFS Voucher
		Village occupancy permit
		Voter's registration card
		Federal Firearm's card (FOID)
		SSN documentation

Residents who reside with someone else within the district and do not have a lease or mortgage in their own name may choose from the documents in the in the chart below.

Both parties are required to present specific documents. The homeowner/leaseholder must present a total of three documents. One must be from column A and 2 additional documents from either column A or B.

The temporary resident must provide three documents from the list below.

Illinois driver's license (NOT state ID)	Voter's registration card
Current utility bill (electric, gas, water)	Payroll stub/unemployment
Vehicle registration (issued in IL)	Bank account statement
Homeowner's insurance	Medicaid medical card
US Postal Service Change of address letter	Village occupancy permit
DCFS Voucher	

\*\*\*Please feel free to black out any personal information on your documents. We are only looking for your name and address!\*\*\*

Property owner/leaseholder name: \_\_\_\_\_  
 Property address: \_\_\_\_\_

Answer each question by circling yes or no.

The child(ren) sleep(s) at this address.	YES	NO
The child(ren) spend(s) weekends at this address	YES	NO
The child(ren) spend(s) summer at this address	YES	NO

If no to any of the above, please explain.

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I affirm that the completed residency information is true, and I am aware that falsifying records to enroll a non-resident results in a CLASS C MISDEMEANOR.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner / Leaseholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_