



**TOWNSHIP HIGH SCHOOL DISTRICT 214  
NEW STUDENT/TRANSFER STUDENT FORM  
VERIFICATION OF GUARDIANSHIP AND/OR  
RESIDENCY**

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
_____ Administrator/Designee	
Dated: _____	

All students attending Township High School District 214 schools must be legal residents of the district. Illinois law requires that the residence of a student is the same as the person who has legal custody of the student.

The person claiming legal custody of a student for enrollment in the school district must complete this form. The school district will investigate the residency of any student before enrollment. Additional documentation will be required by the school district in determining residency.

**The school district will not enroll the student until all residency issues are resolved.**

**1. IDENTIFYING INFORMATION**

Student	Person Claiming Legal Custody	Person Enrolling Student
_____ Name	_____ Name	_____ Name
_____ Address	_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip	_____ City, State, Zip
_____ Telephone Number	_____ Telephone Number	_____ Telephone Number
	_____ Relationship to Student	_____ Relationship to Student

**THE FOLLOWING DOCUMENTS ARE REQUIRED**

**2. PROOF OF RESIDENCY**

- Category A. (Check and attach at least ONE of the following documents):**
- \_\_\_\_\_  
Signed apartment lease for my residence from owner/lessee
  - \_\_\_\_\_  
Most recent real estate tax bill
  - \_\_\_\_\_  
Closing statement for the purchase of residence
  - \_\_\_\_\_  
Deed/closing document to real estate (required if purchasing a home)
  - \_\_\_\_\_  
Mortgage Statement

**AND**

- Category B (Check and attach at least TWO of the following items):**
- \_\_\_\_\_  
Drivers license with current address
  - \_\_\_\_\_  
Current utility bill (gas, water, or electric)
  - \_\_\_\_\_  
Public Aid card
  - \_\_\_\_\_  
Voter registration card
  - \_\_\_\_\_  
Automobile registration - State of Illinois
  - \_\_\_\_\_  
Receipt for city vehicle sticker
  - \_\_\_\_\_  
Other \_\_\_\_\_

**OR**

- Category C If NONE of the items in Categories A or B are applicable, please check the applicable statement.**
- \_\_\_\_\_  
1. The applicant is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act.
  - \_\_\_\_\_  
2. The applicant is enrolling based on the determination of the Department of Children and Family Services (DCFS). Attach evidence of DCFS determination.

**3. CUSTODY (Check off as many of the following as are applicable):**

- \_\_\_\_\_ 1. I am the birth or adoptive parent of the student.
- \_\_\_\_\_ 2. The student lives with me on a full time basis.
- \_\_\_\_\_ 3. I provide the student with a regular nighttime place to sleep. ("Regular" means virtually full time, including most weekends, holidays and school vacation periods.)
- \_\_\_\_\_ 4. The student is a foreign exchange student.
- \_\_\_\_\_ 5. The student is at least 18 years old.
- \_\_\_\_\_ 6. \* I have a court order giving me custody or guardianship of the student.
- \_\_\_\_\_ 7. \* I am a caretaker/relative of the student receiving aid for the student from the Illinois Department of Public Aid.
- \_\_\_\_\_ 8. \* I am a foster parent of the student who was placed with me by the Illinois Department of Children and Family Services.
- \_\_\_\_\_ 9. \* The student has been placed by the Illinois Department of Children and Family Services and I am a representative of a childcare facility.
- \_\_\_\_\_ 10. \* The student is under 18 years of age but has been emancipated by court order or marriage.
- \_\_\_\_\_ 11. I have been appointed a short-term guardian of the student. (In this case, the adult is required to obtain a court order within 60 days granting permanent guardianship.)
- \_\_\_\_\_ 12. The student is homeless.

\* Note: If you checked any of 6 through 10 above, attach a copy of the court order, marriage certificate, transfer of guardianship, evidence of receipt of public aid for the student or DCFS documents as appropriate.

If you are not the birth or adoptive parent with legal custody of the student, state the reason(s) the student is living with you.

\_\_\_\_\_  
\_\_\_\_\_

**4. BIRTH CERTIFICATE & HEALTH RECORDS (Attach a copy of the following required items):**

- \_\_\_\_\_ Original Birth certificate
- \_\_\_\_\_ Certificate of Child/Health Examination to include immunization record.
- \_\_\_\_\_ Certificate of Child/Health Examination for athletics.
- \_\_\_\_\_ Out of Country Transfers must have completed physical/immunization record with the State of Illinois. (Must be current within one year).

**5. ACADEMIC RECORDS (Attach a copy of the following items):**

- \_\_\_\_\_ Unofficial transcript, report card, school profile and standardized test results
- \_\_\_\_\_ Course selection from previous high school attended (if available)
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Mandatory ISBE 33-78 Student Transfer Form (Illinois public school transfers only)
- \_\_\_\_\_ Mandatory Out of State Student Transfers Affidavit (private or out-of-state public school transfers only)
- \_\_\_\_\_ Incoming freshmen must complete District 214 Placement Test (Explore).

**6. SPECIAL SERVICES (Check all that are applicable):**

- \_\_\_\_\_ The student is a special education student with a current I.E.P.
- \_\_\_\_\_ The student is a 504 student with a current 504 Plan.
- \_\_\_\_\_ The student is an ELL (English Language Learner) student.
- \_\_\_\_\_ Release of Information signed by parents and faxed to former district/school.

**Warning and Affirmation:**

Registration of a student who is not a legal resident is a fraudulent act. A person who knowingly or willfully provides false information to a school district regarding the residency of a student for the purpose of enabling the student to attend any school in the district without the payment of a non-resident tuition will be referred to the proper law enforcement authorities for prosecution under the applicable criminal laws.

I affirm that I am a resident of the school I am registering at and that the information presented in this Affidavit is true, complete and accurate.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of the Person Claiming Custody of the Student and  
With Whom the Student Lives in the School District

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Once all the documents and form is completed, please contact the Student Services Department for an appointment.  
You will be meeting with a counselor about your class schedule.