

DAMIANSVILLE

E L E M E N T A R Y S C H O O L

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Damiansville, IL 62215
(618) 248-5188 Fax (618) 248-5910

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Proof of Residency Form

Student's Name _____ Birth Date _____ Grade Entering _____ Sex _____

Legal Address

Number and Street _____ Home Telephone _____

City _____ State _____ Zip Code _____ Work Telephone _____

I certify that I, the parent/guardian of the above student, am a resident of the Damiansville School District and reside at the address indicated above. Residency is defined as the location at which you and the child sleep and eat most meals. **IT IS A CRIMINAL OFFENSE SUBJECT TO FRAUD CHARGES TO FALSIFY RESIDENCY.**

Signature of Parent/Guardian _____ Date _____

ADDITIONAL INFORMATIONAL/MATERIALS REQUIRED BY STATE LAW

1. Birth certificate of child being enrolled (if not already on file)
2. Proof of Child Custody or Guardianship (if applicable)
3. Proof of Immunization
4. Proof of Social Security Number

Parents/Guardians will need to have one document from Column 1 and two documents from Column 2 to prove residency in the district.

Column 1

1. House closing papers
2. Deed
3. Mortgage documents
4. Rental agreement/lease
5. Notarized Parent Residency Affidavit
6. Most recent property tax bill and proof of payment

Column 2

1. Driver's license
2. Most recent utility bill
3. Most recent credit card statement
4. Tax statement
5. Vehicle registration
6. Voter registration
7. Current public aid card

FOR OFFICIAL USE – TO BE COMPLETED BY SCHOOL ADMINISTRATOR

APPROVED FOR ENROLLMENT _____ TEMPORARY APPROVAL _____

Signature of Administrator/Office Staff _____ Date _____