

## **Mokena School District 159 Family Residency Verification** 2019 – 2020

Mokena Public School District 159 requires that each family wishing to enroll a student in a District 159 school be bona fide residents within the legal school boundaries of this district. A student must be living with his/her parent or with an approved guardian with legal custody. Prior to online registration, parents/guardians are required to **provide three (3) original documents as proof of residency, all of which must show the Mokena address where the student resides.** 

Please print below the name and 2019-20 grade of the child(ren) for whom residency will be proved in order to be enrolled.

Name	Grade	Name	Grade	
Name	Grade	Name	Grade	
Name	Grade	Name	Grade	
Family Address		<b>Contact Phone Number</b>		
Do you: ( ) Own	( ) Rent	( ) Live in anot	ther's household**	
The following three (3) original child(ren) reside:	l proofs of residency	indicate my Mokena address	and where the above-named	
Category I (ONE document required)		Category II (TWO documents required)		
( ) Real Estate Tax Bill (most recent)		( ) IL Driver's License / IL State ID		
( ) Mortgage Statement / Loan Statement		( ) Gas / Electric / Water Bill (most recent)		
( ) Closing Contract w/Proof of Closing Date*		( ) Vehicle Registration / Insurance Policy (most recent)		
( ) Signed and Dated Lease (current year)		( ) Home Owner / Renter Insurance Policy (most recent)		
		( ) Voter Registration C	ard (most recent)	
Date current lease ends		( ) Current IL Public As	sistance documentation	
Or:				
I understand that knowingly a purpose of enabling that chil misdemeanor 105ILCS5/10-2	and willfully providing f d to attend any school 20.12b. The District will	of the district without payment of	regarding the residency of a child for the nonresident tuition is a crime; a Class of of the law, of any person who the Distric	
•		a tuition for the time the student ha	ately withdrawn from the district and the dbeen enrolled with District 159.	
	gation of my residency		rmation presented in this Affidavit and in s true, complete and accurate and that	
Signature of Parent/Guardian			Date	
OFFICE USE ONLY:			rified as in district	
Accepted By	Skyward		tive Review Mar 2017	