



CENTRALIZED ENROLLMENT OFFICE
203 W. Hillside Road, Naperville, IL 60540 - 630.548.4320

CHANGE OF ADDRESS

Residency Documentation **THIRD PARTY RESIDENT - HOMEOWNER**

Please find below a list of required documents necessary to verify residency in Naperville School District 203.

RESIDENCY DOCUMENTS

- Affidavit #1 - Verification of Residence in District 203 (homeowner)
- Affidavit #1 - Verification of Residence in District 203 (boarder)
- Affidavit #3 - Third Party Resident (*The person with whom the parent/guardian and student lives*)

Category I (*Proof of residency must be provided by person(s) who are the homeowners*)

- Most recent property tax bill, identifying the **address and proof of payment** - *i.e. canceled check/receipt*

OR

- Mortgage papers identifying the address - *i.e. Deed, Closing Settlement Statement, most recent mortgage statement*

Category II (*Two documents showing current address must be provided within 30 days of enrollment*)

- Most recent utility bill; gas, electric or water**

AND one of the following

- Most recent cable service bill
- Most recent bank statement
- Most recent credit card bill
- Current homeowner's insurance policy and proof of premium payment
- Enrollment Form for Change of Address

A driver's license, state ID or other acceptable photo identification must be provided by all.

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AFFIDAVIT #1 Verification of Residence in the District

I, _____, do hereby swear, under penalty of perjury, and attest that:

_____ is a child who lives with me at the following address:

_____, Illinois.

____ I have provided evidence of my residency pursuant to the requirements of Naperville Community Unit School District 203 by producing copies of:

OR

____ I am unable to provide evidence of my place of residence for the following reasons:

(If this item checked, must provide AFFIDAVIT #3 FROM THIRD PARTY evidencing residency)

II. This child does the following at the residence specified above:

____ Eats meals regularly ____ Sleeps overnight regularly
____ Spends weekends regularly ____ Spends summers regularly

III. My relationship to this child is:

____ Birth or adoptive parent (birth certificate required)
____ Legal guardian (certified court document required)
____ Other _____

I further hereby swear and attest, under penalty of perjury, that I understand that, under provisions of the Illinois School Code, 105 ILCS 5/10-20.12b(b), (e), and (f), a person who misrepresents his or her residence for the purpose of school attendance is guilty of a Class C misdemeanor and that the District is required to collect tuition from any such person.

I also understand that school district staff will evaluate my responses to the above request for information, along with other information available, to determine whether this child qualifies for attendance in the school district and that particular information provided does not guarantee school admission.

Signature

Date



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AFFIDAVIT #3

Third Party Resident Affidavit

Page 1 of 2 (please complete both sides)

TO BE COMPLETED AND SIGNED BY INDIVIDUAL ENROLLING CHILD, STUDENT 18 YEARS/OLDER or EMANCIPATED MINOR.

Student _____

School _____

Individual Enrolling Student _____

Home Phone _____

Relationship to Student _____

Cell Phone _____

Residence Street Address _____

City _____

Zip _____

Signature of Individual Enrolling Student _____

Date _____

TO BE COMPLETED AND SIGNED BY INDIVIDUAL RESPONSIBLE FOR RESIDENCE

Name _____

Home Phone _____

Cell Phone _____

Residence Street Address _____

City _____

Zip _____

I certify that I have personal knowledge of the address of the following individuals: _____

I certify that the individuals named above are living at the following address: _____

I certify that the individuals named above began living at the address listed above on _____, 20____, and continue to live at that address through the date below.

CHANGE OF ADDRESS

STUDENT ID	HOUSEHOLD NAME	GRID CODE	ENROLLMENT SCHOOL	CURRENT GRADE LEVEL	GRAD YEAR	HOME SCHOOL	TODAY'S DATE
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ABOVE INFORMATION FOR OFFICE USE ONLY

NAPERVILLE COMMUNITY UNIT SCHOOL DISTRICT 203 CHANGE OF ADDRESS INFORMATION FORM

STUDENT'S LEGAL NAME as it appears on the birth certificate (Last, First, Middle)		BIRTHDATE		GENDER	AGE
STREET ADDRESS IN DISTRICT 203					
Address _____ Apt. # _____					
City _____ State _____ Zip _____					
PARENT/GUARDIAN STUDENT LIVES WITH (PARENT #1)	RELATIONSHIP TO STUDENT	PARENT/GUARDIAN STUDENT LIVES WITH (PARENT #2)	RELATIONSHIP TO STUDENT		
CELL PHONE # _____ () () ()	HOME PHONE # _____ () () ()	CELL PHONE # _____ () () ()	HOME PHONE # _____ () () ()	WORK PHONE # _____ () () ()	WORK PHONE # _____ () () ()
PRIMARY EMAIL ADDRESS: _____					
JOINT/NON-CUSTODIAL PARENT/GUARDIAN		RELATIONSHIP TO STUDENT			
ADDRESS, CITY, STATE, ZIP		LEGAL RIGHTS TO DISTRICT MAILINGS			
PRIMARY EMAIL ADDRESS: _____		YES _____ NO _____			
IF THERE IS A CHANGE IN FAMILY STATUS, CUSTODY DOCUMENTATION/PARENTING AGREEMENT, MUST BE PROVIDED.					

The information within this document is correct and to the best of my knowledge. **X**

SIGNATURE OF PARENT/GUARDIAN