

Manhattan School District 114

To: Parents or Guardians
From: Mr. Russell Ragon
Superintendent
Subject: Residency Requirements

Student's Name: _____

Manhattan School District #114 requires that all students attending District #114 schools be bona fide residents of the district. To be a bona fide resident, a student must be living with a parent or approved guardian with legally acceptable custody and control documents and is a resident of the district. At the time a student is registered, parents or guardians will be required to provide three documents showing proof of residency.

Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered, will be dropped from the district rolls immediately. Parents or guardians making a fraudulent registration will be charged the per capita tuition for the time the child has attended.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Source of verification for proof of residency: One item from Category I **and** 2 items from Category II.

Category I (1 document required)

- Most recent property tax bill
- Mortgage papers or current Statement
- Signed and dated lease and proof of payment
- Letter from manager & proof of payment

Category II (2 documents required)

- IL Driver's License
- Vehicle registration
- Voter's registration card
- Homeowners/Renters Ins. Policy
- Most recent utility bill
- Medicaid medical card

If you are living with a District resident and cannot prove residency, you and the district resident must complete an Affidavit of Residency and have it notarized. The district resident will then provide the supporting residency documents.

(Address)

(Signature of Parent or Guardian)

(Date)

Manhattan School District 114

AFFIDAVIT OF RESIDENCY:

PART 1: To be completed by the person seeking to enroll the student/s

I/We _____, seek to enroll _____
(Parent/guardian) (Student name)

and hereby state that I/we live at _____
(Street address)

(City) (State) (zip) (Phone number)

since moving from _____
(City) (State) (zip) (Phone number)

I live with _____ for the following reasons: (state any and all reasons)

I cannot provide a lease, purchase property agreement or property tax receipt; and a gas, water, phone, or Electric bill because:

Confidential Information

Please review to determine if your child qualifies for additional services. Are you currently living in any of the following:
 shelter/transitional living facilities sharing the housing of others due to loss of housing, economic hardship or similar reason motel, campground or similar situation due to a lack of alternative housing not living with a parent or legal guardian train or bus station, park, car or abandoned building youth temporarily housed awaiting DCFS permanent foster care placement.

(Name of person seeking to enroll student/s)

--PRINTED NAME--

(Name of person seeking to enroll student/s)

--WRITTEN SIGNATURE--

(Date)

NOTARY SEAL:

Subscribed and Sworn to
Before Me This ____ Day
Of _____, 20__

NOTARY SIGNATURE

IMPORTANT:

The Parent/Guardian is required to provide two (2) secondary forms (Category II) of residency. The School District reserves the right to evaluate the evidence presented, and merely presenting the items listed in the form does not guarantee a student's enrollment.

WARNING:

If a student is determined to be a non-resident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in the School District on a tuition-free basis, a student known by that person to be a non-resident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that District without the payment of a non-resident tuition is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

Manhattan School District 114

AFFIDAVIT OF RESIDENCY:

PART 2: To be completed by the District Resident

I/We _____ hereby state that I/We live at _____
(District resident) (Street address)

(City) (State) (Zip) (Phone number)

_____ has lived with me since _____
(Person living with District resident) (Date)

for the following reasons (state any and ALL reasons):

He/She cannot provide a lease, purchase property agreement or property tax receipt; and a gas, water, phone, or electric bill because: _____

Total number of persons living in unit: _____
Number of rooms: _____
Number of bedrooms: _____

(Name of District Resident)
--PRINTED NAME--

(Name of District Resident)
--WRITTEN SIGNATURE--

(Date)

NOTARY SEAL:

Subscribed and Sworn to
Before Me This ____ Day
Of _____, 20__

NOTARY SIGNATURE

IMPORTANT:

District Resident is required to provide one (1) primary form (Category I) of residency and two (2) secondary forms (Category II) of residency. The Parent/guardian is also required to provide two (2) secondary forms (Category II) of residency. The School District reserves the right to evaluate the evidence presented; merely presenting the items listed in this form does not guarantee a student's enrollment.

WARNING:

If a student is determined to be a non-resident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in the School District on a tuition-free basis a student known by that person to be a non-resident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

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MANHATTAN SCHOOL DISTRICT 114

25440 S. GOUGAR RD.
MANHATTAN, IL 60442
PHONE # 815-478-4527
FAX # 815-478-6035

Wilson Creek Elementary
25440 S. Gougar Rd.
Manhattan, IL 60442
815-478-4527
Grades K-2

Anna McDonald School
200 Second St.
Manhattan, IL 60442
815-478-3310
Grades 3-5

Manhattan Junior High
15606 W. Smith Rd.
Manhattan, IL 60442
815-478-6090
Grades 6-8

CONSENT FOR RELEASE OF STUDENT RECORDS

STUDENT'S NAME/S _____ GRADE _____

The student/s will reside at:

Phone # _____

School Exiting _____

Address _____

Phone Number _____ Fax Number _____

Please Send Records to: Manhattan School District 114
25440 S. Gougar Rd.
Manhattan, IL 60442

Phone Number 815-478-4527

Fax Number 815-478-6035

I hereby authorize Manhattan School District 114 to obtain all school records including health, cumulative, special education, and psychological evaluations for the above named student/s.

OR

I hereby authorize Manhattan School District 114 to release all school records including health, cumulative, special education, and psychological evaluations for the above named student/s.

I understand that I have ten days to review my student's file before it is sent to the new school.

Signature of Parent/Guardian

Date

FEDERAL LAW 99.31 No parent signature is required for educational records sent to another educational agency. Records will be sent as indicated above if we do not hear from you within ten (10) school days.

105ILCS 10/5 (Right to inspect records; cost; confidentiality) A parent/guardian shall have the right to inspect and copy all school student permanent and temporary records of their child. No person who is prohibited by an order of protection according to the Illinois Domestic Violence Act of 1986 shall have any right of access to, or inspection of, the school records of that student.