

**New Student Enrollment Certification & Affidavit**

1. Name of Student \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_
2. Name of Person with Whom the Student Resides \_\_\_\_\_  
Address of Person with Whom the Student Resides \_\_\_\_\_  
Telephone Number of Person with Whom the Student Resides \_\_\_\_\_

***As proof of my residency, I attach to this Certificate at least one of the documents  
In Category I below and at least two documents in Category II.***

**Category I**

Check and attach **at least one** of the following documents:

- The most recent real estate tax bill for my residence listing me as the taxpayer
- Signed lease for my residence
- A closing statement for the purchase of my residence
- An affidavit from the owner of my residence stating that I reside at the residence on a full-time basis

**Category II**

Check and attach a copy of **at least two** of the following documents:

- Drivers License
- Gas or Electric Bill
- Public Aid Card
- Voter Registration Card
- Home/Apartment Insurance Certificate
- Automobile Registration from State of Illinois
- Other (please describe): \_\_\_\_\_

I affirm that the student named in this Certificate lives with me on a full-time indefinite basis in BPS District 101.  
The student named above is my \_\_\_\_\_

(son/daughter/legal guardian or other relationship which must be described in detail)

I understand that I may be required to submit additional information to substantiate my residency and the residency of the student named in this Certificate based upon response on this form and based upon BPS101 guidelines for determining residency. I also understand that misrepresentation or intentional withholding of facts in relation to a student residency issue may result in criminal and civil legal proceedings, as well as denial of enrollment or disenrollment and the payment of tuition from the time the student was enrolled.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Student Residency Questionnaire**  
**Exhibit A – To be Completed by Parent**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

1. Your Name \_\_\_\_\_

2. Are you a natural or adoptive parent of the above-named student: \_\_\_\_\_

3. Your Present Address \_\_\_\_\_

4. Your Present Phone Number \_\_\_\_\_

5. Does the student live with you? \_\_\_\_\_

If yes, does the student live with you full time? \_\_\_\_\_

If part-time, state what portion of time the student lives with you and where and with whom he/she lives with during the remainder of the time: \_\_\_\_\_

\_\_\_\_\_

Names, grades and school of other students living with you under similar circumstances who will be enrolled in a Batavia Schools: \_\_\_\_\_

\_\_\_\_\_

6. If the student is not living with your on either a full-time or part-time basis:

State when the student most recently began not to live with you \_\_\_\_\_

With whom and at what address does the student live? \_\_\_\_\_

When did the student begin living with the person describe in **b** above? \_\_\_\_\_

How long in the future do you intend the student to live at that address? \_\_\_\_\_

State the reasons why the student is not living with you: \_\_\_\_\_

Indicate below the times the student has visited you at your present address during the past year:

Approximately how many nights (including weekends) \_\_\_\_\_

Approximately how many weekends \_\_\_\_\_

Winter vacation \_\_\_\_\_

Spring vacation \_\_\_\_\_

Approximately how many school holiday \_\_\_\_\_

Summer vacation \_\_\_\_\_

Other \_\_\_\_\_

Indicate below the times that you have visited the student during the past year at the address where the student lives:

Approximately how many nights (including weekends) \_\_\_\_\_

Approximately how many weekends \_\_\_\_\_

Winter vacation \_\_\_\_\_

Spring vacation \_\_\_\_\_

Approximately how many school holiday \_\_\_\_\_

Summer vacation \_\_\_\_\_

Other \_\_\_\_\_

7. Give each address at which you have resided during the last five years and periods of time you have resided at each: \_\_\_\_\_  
\_\_\_\_\_

Give each address at which the student has resided during the last five years and the periods of the time the student has resided at each: \_\_\_\_\_  
\_\_\_\_\_

8. List the names and locations of each school the student has attended during the past five years and the dates of attendance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you own a residence (home)? \_\_\_\_\_

If so, what is the address? \_\_\_\_\_

Are you occupying your present place of residence as a tenant? \_\_\_\_\_

If so, give the name and address of your landlord: \_\_\_\_\_  
\_\_\_\_\_

If you do not own or rent your residence, describe the arrangement you have with the person who owns or rents the residence: \_\_\_\_\_  
\_\_\_\_\_

How long do you intend to reside at the place where you are presently residing? \_\_\_\_\_

10. If the student does not live with you and you claim inability to support the student, state the amount and source of your income: \_\_\_\_\_  
\_\_\_\_\_

11. Who provides the student's living expenses and costs? \_\_\_\_\_

If living expenses and costs are shared, please indicate the arrangements for sharing such expenses? \_\_\_\_\_  
\_\_\_\_\_

Who claims the student for income tax purposes? \_\_\_\_\_

12. Who is responsible for the discipline and control of the student? \_\_\_\_\_  
If discipline and control is shared, describe each parent's involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Who is financially responsible for any damages caused by this student? \_\_\_\_\_  
\_\_\_\_\_

14. In the event of an accident or other emergency, who may direct and consent to medical treatment and sign any release required? \_\_\_\_\_  
\_\_\_\_\_

15. How many other children are in your family? \_\_\_\_\_  
Where and with whom do each of the other children live? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who pays their living expenses and costs? \_\_\_\_\_  
Where do the other children attend school? \_\_\_\_\_  
\_\_\_\_\_

16. State who enrolled the student in the School District and the reason why the student was enrolled in the District: \_\_\_\_\_  
\_\_\_\_\_

17. Do you have legal custody of the student? \_\_\_\_\_  
If not, state the name and address of the person who does: \_\_\_\_\_  
\_\_\_\_\_

18. Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the named student to any person. If to you knowledge there are no such documents, please indicate here \_\_\_\_\_

19. Provide any additional information which may help to establish the student's residency or which is otherwise relevant to the question of the student's residency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS        )  
  ) SS  
COUNTY OF KANE         )

AFFIDAVIT

The undersigned, being first duly sworn, affirms that the answers and documents provided in connection with the foregoing residency questionnaire are complete, true and correct.

I/We acknowledge that misrepresentation or providing incorrect or incomplete information may result in the disenrollment of the student from school, my/our being subject to civil liability, including, but not limited to, the payment of tuition for any period of the time that the student was not a resident of the School District entitled to attend school on a tuition-free basis, and referral to proper law enforcement authorities for prosecution under any applicable laws.

\_\_\_\_\_  
(Signatures)

\_\_\_\_\_  
(Signatures)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone)

SUBSCRIBED AND SWORN TO  
Before Me This \_\_\_\_\_ Day of  
\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

NOTE: The School District has a duty under the Illinois School Code to charge tuition for non-resident students it chooses to admin. Further information may be required, and an investigation may be conducted by the School District to determine the residency of any student, before or after enrollment.

**Student Residency Questionnaire**  
**Exhibit B – To be Completed by the Person with whom**  
**The Student Lives in District**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

1. Your Name \_\_\_\_\_

2. Are you a natural or adoptive parent of the above-named student: \_\_\_\_\_

3. Your Present Address \_\_\_\_\_

4. Your Present Phone Number \_\_\_\_\_

5. Does the student live with you? \_\_\_\_\_

If yes, does the student live with you full time? \_\_\_\_\_

If part-time, state what portion of time the student lives with you and where and with whom he/she lives with during the remainder of the time: \_\_\_\_\_

When did the student begin living with you? \_\_\_\_\_

How long do you intend to have the student live with you? \_\_\_\_\_

Names, grades and school of other students living with you under similar circumstances who will be enrolled in a Batavia School: \_\_\_\_\_

6. Indicate below the times the student has visited his/her parents at their present address during the past year:

Approximately how many nights (including weekends) \_\_\_\_\_

Approximately how many weekends \_\_\_\_\_

Winter vacation \_\_\_\_\_

Spring vacation \_\_\_\_\_

Approximately how many school holiday \_\_\_\_\_

Summer vacation \_\_\_\_\_

Other \_\_\_\_\_

Indicate below the times the parents have visited the student during the past year at the address where the student lives:

Approximately how many nights (including weekends) \_\_\_\_\_

Approximately how many weekends \_\_\_\_\_

Winter vacation \_\_\_\_\_

Spring vacation \_\_\_\_\_

Approximately how many school holiday \_\_\_\_\_

Summer vacation \_\_\_\_\_

Other \_\_\_\_\_

7. State the reasons why the student is living with you: \_\_\_\_\_

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

8. Give each address at which you have resided during the last five years and periods of time you have resided at each: \_\_\_\_\_

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

Give each address at which the student has resided during the last five years and the periods of the time the student has resided at each: \_\_\_\_\_

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

9. List the names and locations of each school the student has attended during the past five years and the dates of attendance: \_\_\_\_\_

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

10. Do you own a residence (home)? \_\_\_\_\_

If so, what is the address? \_\_\_\_\_

Are you occupying your present place of residence as a tenant? \_\_\_\_\_

If so, give the name and address of your landlord: \_\_\_\_\_

\_\_\_\_\_

How long do you intend to reside at the place where you are presently residing? \_\_\_\_\_

\_\_\_\_\_

11. Who provides the student's living expenses and costs? \_\_\_\_\_

\_\_\_\_\_

If living expenses and costs are shared, please indicate the arrangements for sharing such expenses? \_\_\_\_\_

\_\_\_\_\_

12. Who is responsible for the discipline and control of the student? \_\_\_\_\_

Who is financially responsible for any damages caused by this student? \_\_\_\_\_

\_\_\_\_\_

In the event of an accident or other emergency, who may direct and consent to medical treatment and sign any release required? \_\_\_\_\_

\_\_\_\_\_

13. Briefly state who enrolled the student in the School District and the reason why the student was enrolled in the District: \_\_\_\_\_

\_\_\_\_\_

14. Do you have legal custody of the student? \_\_\_\_\_

If not, state the name and address of the person who does: \_\_\_\_\_

\_\_\_\_\_

15. Attach copies of any agreements, judgments, decrees or other documents awarding or giving custody of the named student to any person. If to your knowledge there are no such documents, please indicate here \_\_\_\_\_

16. Provide any additional information which may help to establish the student's residency or which is otherwise relevant to the question of the student's residency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE OF ILLINOIS        )  
  ) SS  
COUNTY OF KANE         )

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\_\_\_\_\_  
(Signatures)

\_\_\_\_\_  
(Signatures)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone)

SUBSCRIBED AND SWORN TO  
Before Me This \_\_\_\_\_ Day of  
\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

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