

NEW LENOX SCHOOL DISTRICT 122

AFFIDAVIT OF RESIDENCY:

2026-2027 School Year

PART 1: To be completed by the Parent/Guardian seeking to enroll the Student(s)

I/We _____, seek to enroll _____
Parent / Guardian *Student(s)*

and hereby state that I/We live at _____
In-District Street Address

_____ ' _____ ' _____ ' _____
City *State* *Zip* *Phone Number*

Length of time you have lived at the above in-district address: _____

Anticipated length of time you will remain at the above in-district address: _____

Parent/Guardian relationship to the District Resident: _____

Please state the reason(s) Parent/Guardian is residing at the above in-district address:

IMPORTANT:

The Parent/Guardian is required to provide three (3) secondary forms (Category II) of residency. This agreement automatically terminates on the last day of school May/June 2027. Completion of Affidavit is required on an annual basis. The School District reserves the right to evaluate the evidence presented, and merely presenting the items listed in this form does not guarantee a student's enrollment.

WARNING: Must be completed in the presence of Notary Public

Please read the following statements, initial each, and sign below:

____ I understand that knowingly and willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school of the district without payment of nonresident tuition is a crime; a Class C misdemeanor 105 ILCS5/ 10-20.12b. The District will seek prosecution, to the full extent of the law, of any person who the District believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the District.

____ I understand that any student found to have been fraudulently registered will be immediately withdrawn from the District and the Parent/Guardian will be assessed the current per capita tuition for the time the student had been enrolled with New Lenox School District 122.

____ I affirm that I live within the boundaries of New Lenox School District 122 and that the information presented in this Affidavit and in connection with any investigation of my residency or the residency of the student(s) is true, complete and accurate and that I understand the penalties for fraudulent registration.

(name of Parent/Guardian – **PRINTED**)

(name of Parent/Guardian – **SIGNATURE**)

(date)

NOTARY SEAL:

Subscribed and sworn to

before me this _____ day

of _____, 20 _____

Notary Signature

NEW LENOX SCHOOL DISTRICT 122

AFFIDAVIT OF RESIDENCY:

2026-2027 School Year

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*

Length of time Parent/Guardian has been living at the above in-district address: _____

District resident relationship to the Parent/Guardian: _____

Please state the reason(s) Parent/Guardian is residing at the above in-district address:

Number of bedrooms: _____ Total number of persons living in dwelling: _____

IMPORTANT:

District Resident is required to provide one (1) primary form (Category I) of residency and three (3) secondary forms (Category II) of residency. This agreement automatically terminates on the last day of school May/June 2027. Completion of Affidavit is required on an annual basis. The School District reserves the right to evaluate the evidence presented, and merely presenting the items listed in this form does not guarantee a student's enrollment.

WARNING: Must be completed in the presence of Notary Public

Please read the following statements, initial each, and sign below:

I understand that knowingly and willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school of the district without payment of nonresident tuition is a crime; a Class C misdemeanor 105 ILCS5/ 10-20.12b. The District will seek prosecution, to the full extent of the law, of any person who the District believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the District.

I understand that any student found to have been fraudulently registered will be immediately withdrawn from the District and the Parent/Guardian will be assessed the current per capita tuition for the time the student had been enrolled with New Lenox School District 122.

I affirm that I live within the boundaries of New Lenox School District 122 and that the information presented in this Affidavit and in connection with any investigation of my residency or the residency of the student(s) is true, complete and accurate and that I understand the penalties for fraudulent registration.

(name of district resident – **PRINTED**)

(name of district resident – **SIGNATURE**)

(date)

NOTARY SEAL:

Subscribed and sworn to

before me this _____ day

of _____, 20 _____

Notary Signature