**Hawthorn School District 73**

**841 West End Court • Vernon Hills, Illinois 60061**

**Phone (847) 990-4200 • Fax (847) 367-3290**

[**www.hawthorn73.org**](http://www.hawthorn73.org)

**Residency Attestation Form**

**To be used when the parent/guardian is not the owner or leaseholder of the property in which the student resides. \*\*To be completed by the Owner or Leaseholder of the Property.**

In order to comply with the District’s proof of residency requirement, I verify the following information for:

Name of Student(s)

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

Name of Parent(s)/Guardian(s)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First and Last Name

am the owner leaseholder landlord of the residence

located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number, Street, Apt. # City State Zip

I attest that the student(s) named above and his/her Parent(s)/Guardian(s) have been living at the above address since\_\_\_/\_\_\_/\_\_\_\_ and to the best of my knowledge will continue to reside at this address until \_\_\_/\_\_\_/\_\_\_\_\_.

 Date Date

**I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of non-resident tuition is a Class C misdemeanor. I further understand that anyone who knowingly or willfully provides false information shall be referred for criminal prosecution.**

Owner/Leaseholder/Landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_\_

 Signature Date

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_

 Phone

A Notary Public needs to witness the signing of this form (please sign, date, and stamp)

Notary Public – please place your stamp in this space:

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the year 20\_\_\_,

before me personally comes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to me known and known to me to be the person who is described in and who executed the foregoing instrument, and acknowledges to me that s(he) executed the same.

Signature of Notary Public\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property owners must attach a copy of their current real estate document.**

**Leaseholders must attach a copy of their current lease.**

**Landlord may be asked to provide additional information at a later time.**