

COLLINSVILLE PUBLIC SCHOOLS
VERIFICIATION OF RESIDENCE

Student's Name _____
Parent / Guardian _____
Physical Address _____
Mailing Address (if different from above) _____
Phone Number _____

I hereby verify that my child resides with me in the Collinsville School District, at the above address. I understand that under law I am required to immediately notify school officials if there is a change in the above address/residence.

Signature of Parent / Legal Guardian

Date

**House Bill 557, effective July 1, 1997,
implements a \$500 penalty for those
providing false information to schools.**

Acceptable documents are listed below. Documents must be on file/submitted to verify above address information.

FOR SCHOOL OFFICIAL USE ONLY

- Current utility bill, reflecting the service address (GAS, ELECTRIC OR WATER)
- Mortgage Agreement
- Home / Apartment Lease Agreement
- Transfer
- Residency Affidavit

VERIFICATION IS ACCEPTED DENIED

BUILDING SITE _____

Signature of School Official

Date