

ILLINOIS MATHEMATICS AND SCIENCE ACADEMY®

VERIFICATION OF ILLINOIS RESIDENCY

We, the undersigned student and parent/legal/natural guardian of the student provide the following information to the Illinois Mathematics and Science Academy to support our representation that the student is a legal resident of the State of Illinois, and is entitled to attend the Academy as an Illinois resident without charge for room, board, and tuition, but with a charge for certain fees.

1. **Student's Name** _____

2. **Student's Illinois Residence (NOT ACADEMY):**

_____ **Street**

_____ **City, State, and Zip Code**

Telephone: _____

3. **Adult(s) with whom student resides in Illinois:**

4. **Relationship of adult(s) named above to student (mark one and explain if necessary):**

_____ .Parent

_____ .Legal Guardian with Court Order (attach Court Order)

_____ .Other (includes Natural Guardian without Court Order) explain in detail why student is living with adult:

5. **Parents'/Legal/Natural Guardian's residence (if different than student's)**

6. If the student's parents are not residing together, where does the other parent reside?

7. Is there any court order or decree establishing the residency of custody of the student?

Yes _____ No _____

8. If the answer to question 7 is yes, please attach a copy of the court order or decree. If the answer to question 7 is no, please explain why the student resides with the adult identified in question 3 above.

9. If applicable, explain why the student lives at a residence different than the student's parents/legal/natural guardian. Please attach your explanation.

We certify that the above information is accurate, and that the student is a resident of the State of Illinois. We understand that the Academy may request additional information from us. We understand that should any information on this form or any information otherwise provided the Academy be wrong, or if it is determined that the student is not a resident of the State of Illinois, the student may be dismissed immediately from the Illinois Mathematics and Science Academy and the student and responsible adults shall reimburse the Academy for costs, including tuition, room and board for the time during which the student attended the Academy.

DATED: _____

Student

Student's Parents/Legal/Natural Guardian

Other: _____

ILLINOIS MATHEMATICS AND SCIENCE ACADEMY

RESIDENCY QUESTIONNAIRE

Your answers to the following questions will aid the Academy in determining and resolving the issue of residence of the student/applicant.

1. What is the name and address of the student (not the Academy address)? How many months has the student actually been present at the address listed above during the last six (6) consecutive months?
2. Has the student listed any other permanent home address on any document within the past twelve (12) months? If yes, explain.
3. Has the student been absent from the State of Illinois for more than three (3) weeks during the six (6) consecutive months preceding the academic term for which the student seeks resident status? If yes, please explain.
4. With whom does the student reside in Illinois?
5. Please identify the relationship between the student and the adult with whom the student resides in Illinois and identified in question 4 above.
6. Where does the student spend holiday breaks and vacations, including summer vacations, from school?
7. When the student does not sleep at the Academy where does the student sleep?
8. When the student obtains permission to leave the Academy for a weekend leave of absence, where does the student regularly spend such weekend?
9. For the person identified in question 4 above, please state the name and address of the person(s) present employer.
10. Please attach to this questionnaire the parent's most recent W-2 prepared by any of the parent's employer(s).
11. Does the student have a drivers license? If so, please identify the state in which the drivers license is issued, date of issuance, license number, expiration date and address shown on license. Please attach a copy of the student's drivers license.
12. With regard to the adult or parent(s) with whom the student resides, does that parent or adult have a drivers license? If so, please identify the name of the state in which the drivers license is issued, date of issuance, license number, expiration date, and address shown on license. Please attach a copy of the adult or parent's drivers license.
13. Does the student have the use of a motor vehicle? If yes, identify the owner's name as shown on the title, the relationship of the owner to the student, date of title, and state of title.
14. Is the student registered to vote in Illinois? If so, please attach a copy of the student's voter registration card.

15. With regard to the adult or parent(s) with whom the student resides in Illinois, is that adult or parent registered to vote? If so, please attach a copy of the adult or parent's voter registration card.
16. With regard to the adult or parent(s) with whom the student resides, please attach a copy of the face sheet from that adult or parent's most recent federal and state income tax return showing the name and address of the adult or parent.
17. Where is the parent's furniture or furnishings located? Where are the parent's personal items maintained?
18. Are there any siblings of the student? If so, please state their name and identify where they reside and with whom.
19. Do the student's parents reside at the same address? If not, is there a court order determining custody? Who has custody under that order? If there is no court order and the parents do not live together, with whom has the student resided for the previous six (6) consecutive months? Please specify dates.
20. With regard to the parent(s) or adult with whom the student resides, please list the name and address of the financial institutions where the parent(s) or adult has a checking account, NOW, money market or savings account.

We certify that the above information provided in response to the questions above is accurate. We understand that the Academy may request additional information from us. We understand that should any of the information given in response to this questionnaire be false, or if it is determined that the student is not a resident of the State of Illinois, the student or applicant may be denied admission to, or be dismissed immediately from the Illinois Mathematics and Science Academy. Furthermore, we certify that the persons responding to this questionnaire are either the legal or natural guardian of the student or the parent(s) of the student and that we consider ourselves and the student to be residents of the State of Illinois.

DATE: _____

Parent/Legal/Natural Guardian

Parent/Legal/Natural Guardian

Street _____

City, State, and Zip Code _____

Subscribed and sworn to before me this ____ day of _____, 19____.

Notary Public