

West Central Community Unit School District #235
1514 US Route 34, Biggsville, IL 61418
(309) 627-2371 phone
(309) 627-2453 fax

AFFIDAVIT OF RESIDENCY

I affirm that my legal & physical address is located within the boundaries of the West Central School District, a State of Illinois residency requirement for the my children to attend school in said District.

Student's Name

Signature of Parent/Guardian

Date

Proof Of Residency Provided:

Driver's License: _____

Tax Bill: _____

Utility Bill: _____

Phone Bill: _____

Mail: _____

Other: _____

School Employee

Date

**** Providing false statements on this form is a state violation and a criminal misdemeanor. Illinois School Code 10-20.12b(f)**