



Grant Community High School District 124

285 East Grand Avenue, Fox Lake, Illinois 60020

847-587-2561 • Fax: 847-587-2991

Christine A. Sefcik, Ed.D.
Superintendent

Jeremy N. Schmidt
Principal

Beth A. Reich
Business Manager

ADDRESS CHANGE PACKET

This form is to be completed by any current Grant Community High School student's parent or legal guardian to document a change of address. This packet must be filled out in its entirety and the proper documentation must be provided. Please use the following checklist to assist you. If you have any questions, please contact Assistant Principal Nathan Miller at 847-973-3407 or at nmiller@grantbulldogs.org.

PLEASE COMPLETE THE FOLLOWING PORTIONS OF THIS PACKET

1. Proof of Residency- Required for All

Please attach documentation to this packet for review.

<u>Homeowners Must Provide at least 3 of the following:</u>	<u>Renters Must Provide at least 3 of the following, accompanied by the Signed Landlord Affidavit (Form A)</u>
➤ Executed Closing Documents	➤ Copy of Current Lease
➤ Mortgage Statement	➤ Proof of Current Lease Payment
➤ Most Recent Property Tax Bill	➤ Current Utility Bill (natural gas, electric, water, sewer, cable)
➤ Current Utility Bill (natural gas, electric, water, sewer, cable)	➤ Valid Driver's License
➤ Valid Driver's License	➤ Renters Insurance Policy
➤ Homeowners Insurance Policy	➤ Vehicle Insurance Policy
➤ Vehicle Insurance Policy	➤ Bank Statement/Credit Card Bill
➤ Bank Statement/Credit Card Bill	➤ Voter Registration Card
➤ Voter Registration Card	➤ Public Aid Card
➤ Public Aid Card	

2. Student Demographics Sheet (Form B)- Required for All

- Use the student's legal name as it is listed on the student's birth certificate.
- Complete the form in its entirety to alert the district of any change in student information.

3. Parental Affidavit (Form C)- Required for All

- Complete this form in its entirety and sign and date the bottom of the form.

4. Additional Documentation Required (If Student Does Not Live with Both Parents)

- Single Parent Custody- Attach documentation of custody, divorce decree or court order
- Student's Legal Guardian- Provide a copy of the court order
- Change in Custodial Authority- For adults who may not be related to the student, please provide evidence indicating that you have assumed legal responsibility for the student and provide the student with a regular fixed nighttime abode.
 - Parents must sign Affidavit of Transfer of Custody and Control (Form D).
 - Appointed custodial authorities must sign the Affidavit of Custodial Authority (Form E).



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FORM A: AFFIDAVIT OF LANDLORD/HOMEOWNER- REQUIRED FOR RENTERS

I, _____, swear that
[Landlord or Homeowner Name]

The parent(s) or guardian(s) whose name(s) is(are): _____

and their minor childr(en) whose name(s) is(are): _____

have established permanent residence, via a lease, within the legal boundaries of Grant Community High School District #124 in Lake County, Illinois from

_____ [Date] to _____ [Date].

If at any time the undersigned parent/guardian(s) and their aforesaid minor child(ren) shall cease to permanently reside at the aforesaid address, they will immediately notify the Assistant Principal for Student Operations or other designee at Grant Community High School District #124.

I understand that any person who knowingly enrolls or attempts to enroll a non-residential student in the school district on a tuition free basis or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend the school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution.

Signature of Landlord/Homeowner

Date

Printed Name

Street Address

City, State, Zip Code

Telephone Number

FORM B: STUDENT DEMOGRAPHICS SHEET- REQUIRED FOR ALL

STUDENT INFORMATION

Students Full Legal Name: _____ Date of Birth: _____

School Counselor Name: _____ Grade: _____ Gender: _____

Prior Address on File: _____

New Address of Record: _____

Additional GCHS Students Moving to New Address (If Applicable):

- Student 1 Name: _____ Grade: _____ DOB: _____
- Student 2 Name: _____ Grade: _____ DOB: _____
- Student 3 Name: _____ Grade: _____ DOB: _____
- Student 4 Name: _____ Grade: _____ DOB: _____

ADULT INFORMATION

Legal Custody is Assigned to: _____ Both Parents _____ Mother _____ Father _____ Other (specify) _____

Student Lives with: _____ Both Parents _____ Mother _____ Father _____ Other (specify) _____

FAMILY #1

Parent/Guardian #1's Full Legal Name: _____ Relation to Student: _____

Parent/Guardian #2 (at same address): _____ Relation to Student: _____

Prior Address on File: _____

New Address of Record: _____

Primary Phone: _____ Secondary Phone: _____ Email Address: _____

All student progress reports and report cards are posted in Family Access and are not mailed home. Please check this box if you prefer to receive a paper copy of your student's progress reports and report cards.

FAMILY #2 (if applicable)

Parent/Guardian #2's Full Legal Name: _____ Relation to Student: _____

Parent/Guardian #3 (at same address): _____ Relation to Student: _____

Current: Address on File: _____

Primary Phone: _____ Secondary Phone: _____ Email Address: _____

This parent or guardian resides outside of school district boundaries, but is requesting school mailings.

This parent or guardian requests paper copies of the student's progress reports and report cards.

EMERGENCY CONTACTS

Contact #1: _____ Relationship: _____ Primary Phone: _____

Secondary Phone: _____

Contact #2: _____ Relationship: _____ Primary Phone: _____

Secondary Phone: _____

Student's Primary Physician: _____ Phone: _____

FORM C: PARENTAL AFFIDAVIT- REQUIRED FOR ALL

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does(do) the student(s) listed on the demographics sheet reside with you full time at the address provided? If no, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have all of the required documentation to prove residency attached? If not, when will the information be submitted? _____ (must be within 30 days)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have additional students attending other GCHS feeder schools? If so, list their names/grades here: Student 1: _____ Year in School: _____ Student 2: _____ Year in School: _____ Student 3: _____ Year in School: _____ Student 4: _____ Year in School: _____
<input type="checkbox"/>	<input type="checkbox"/>	In the event of an emergency, the district will contact a parent at home or work. If a parent cannot be reached, I authorize the school to take necessary emergency action.
<input type="checkbox"/>	<input type="checkbox"/>	Is any adult prohibited by court order from having contact with any student(s) listed above? If so, you must attach a copy of the current court order to this packet.
<input type="checkbox"/>	<input type="checkbox"/>	There has been a recent transfer of custody and control for a student or students listed on the demographics form. Forms D and E are attached to this packet.

I understand that any person who knowingly enrolls or attempts to enroll a non-residential student in the school district on a tuition free basis or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend the school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution.

I hereby attest that the answers to the provided questions are true and correct and I understand that my student's attendance at Grant Community High School may be terminated if I have knowingly answered any of the questions falsely.

Signature

Printed Name

Street Address

City, State, Zip Code

Telephone Number



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FORM D: AFFIDAVIT FOR TRANSFER OF CUSTODY AND CONTROL

I, _____ hereby state:
(Parent or Legal Guardian)

➤ I have transferred custody and control of _____
(Student Name)

born on _____ to _____
(MM/DD/YY) (Guardian or Custodial Authority)

➤ I transferred custody and control because _____

➤ That I have selected _____ to transfer custody and control
(Guardian or Custodian)

to because _____

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Signature of Parent or Legal Guardian

Date

Printed Name

Street Address

City, State, Zip Code

Telephone Number



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FORM E: AFFIDAVIT OF CUSTODIAL AUTHORITY

I, _____ hereby state:
(Custodial Authority)

➤ That I have received custody and control of _____
(Student)

born on _____;
(MM/DD/YY)

➤ That I reside within the boundaries of Grant Community High School District #124;

➤ That I obtained custody and control of _____
(Student)

for the purpose of _____

I understand that any person who knowingly enrolls or attempts to enroll a non-residential student in the school district on a tuition free basis or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend the school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution.

Signature of Resident

Date

Printed Name

Street Address

City, State, Zip Code

Telephone Number