STUDENT RESIDENCY QUESTIONNAIRE

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student: __________________________  Male or Female: __________________________

Birthday: __________  Grade: ___  School: __________________________

PLEASE CIRCLE ALL THAT APPLY

1. Do you and your student live in a fixed, regular, adequate nighttime residence?  
   Yes or No

2. Do you and the student live in:
   A. Shelter (A Mission, The Bread of Life, etc.)
   B. Motel/hotel
   C. Temporarily with another family in a house, mobile home, or apartment due to financial necessity
   D. In a car or RV
   E. At a campsite
   F. Transitional housing
   G. Other______________________________

3. The student lives with:
   A. One parent
   B. Two parents
   C. A qualified relative
   D. Friend(s)
   E. An adult that is not the legal guardian
   F. Alone with no adult(s)

4. I am:
   A. The parent/legal guardian of the above-named student
   B. A qualified adult relative of the above-named student
      (Relationship: ________________________________________________________)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: __________________________________________________________ Date: __________

Print Your Name __________________________________________________________

Residence: __________________________________________________________________________
   Street ____________________________ City __________ Zip

Mailing Address: ________________________________________________________________
   Street ____________________________ City __________ Zip

Telephone: ( )________________________  Cell: ( )______________________________