

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: () _____