

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

# 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: ( ) \_\_\_\_\_