 **Student Residency Information**

School Data Entry:

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

Initials:\_\_\_\_\_\_\_\_\_\_

This survey is intended to address the requirements of ESSA (Elementary Student Success Act 2016). The answers to questions below will assist us in determining if your student may qualify for additional educational support services.

**PLEASE PRINT VERY CLEARLY**

List names of your children living with you, even if not enrolled in school. Caregivers list only students being “hosted” in your home.

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

First Name MI Last Name Birth date Grade School

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

First Name MI Last Name Birth date Grade School

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

First Name MI Last Name Birth date Grade School

Print Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Unaccompanied Youth?\_\_\_\_\_\_\_\_)

Circle relation to above student(s): Parent, Legal Guardian, or Caregiver of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent, Legal Guardian, or Caregiver of which student(s) listed above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd best #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd best #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time at this address: \_\_\_\_\_\_\_\_\_\_\_\_ Former Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian/Caregiver/ or Unaccompanied Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place and “X” in the appropriate box to answer “Yes” or “No.”**

|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTION** | **YES** | **NO** | ***CODE*** |
| 1. My family lives in an emergency or transitional shelter or FEMA trailer. |  |  | *A* |
| 2. My family is sharing the housing of other persons due to the loss of housing, economic hardship or a similar reason; doubled-up. **Name of host**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | *B* |
| 3. My family is living in a car, park, temporary trailer park, or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing (home is not safe, warm(cool) and dry), bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human being or similar settings. |  |  | *D* |
| 4. My family lives in a hotel or motel. |  |  | *E* |
| 5. A child/ youth in my home is an unaccompanied youth (youth not in physical custody of a parent or guardian). |  |  | *Y or N* |

*If you answered “Yes” to some or all of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services.*

|  |  |  |
| --- | --- | --- |
| **QUESTION** | **YES** | **NO** |
| 1. Have you moved to a new town to find work within the last 3 years? |  |  |
| 2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)? |  |  |
| 3. Is work in agriculture or fishing a major source of income for your family? |  |  |

**\*If you marked “Yes” to any questions above, please indicate the cause by placing an “X” in the appropriate box.**

**🞎Mortgage Foreclosure (M) 🞎Natural Disaster-Flooding (F) 🞎Natural Disaster-Hurricane (H)**

**🞎Natural Disaster-Tropical Storm (S) 🞎Natural Disaster-Tornado (T) ❑Natural Disaster-Wildfire or Fire**

**❑Man-made Disaster (Major) (D) ❑Natural Disaster-Earthquake (E) ❑Other**