

Student Residency Questionnaire

2016-2017

The information on this form is required to meet the law known as the McKinney-Vento Act U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers that you provide will help the school determine the services the student may be eligible to receive.

Presenting a false record or falsifying records is an offense under Section 37.10. Penal code and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Name of Student: _____ Gender: Male Female

Birth date: _____ / _____ / _____ Grade: _____ Social Security #: _____
Month / Day / Year (or student identification number)

Part I Fill out all of the required information requested in this section:

Legal guardianship may be granted ONLY by a court. Students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll and attend school. The school cannot require proof of guardianship for enrollment or attendance.

Check the box that best describes with whom the student resides:

- Parent(s)
- Legal Guardian(s); state the **relationship** of this person to student _____
- Caregiver(s) such as friends, relatives, parents of friends, etc. who are **not legal guardian(s)** of the student
- Other _____

Name of person with whom student resides: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Alternate #: _____

Length of Time at Present Address: _____ Length of Time at Previous Address: _____

Last District Attended: _____ Last School Attended: _____

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

Part II Check the box below if it describes where the student sleeps at night.

In a home that the student's parent or legal guardian owns or rents and the home is in good condition.

If this section describes your housing, STOP HERE! Sign your name on the back and return it to your child's school

If the statement in Part II DOES NOT pertain to you, SKIP to Part III on the back of this form

Part III-Check the boxes below that describe where the student sleeps at night; leave blank those that don't apply.

<input type="checkbox"/>	Student lives in a place that does not have windows, doors, running water, heat, electricity, or is overcrowded .
<input type="checkbox"/>	Student and family live in the home of a family or relative because the family lost its housing.
<input type="checkbox"/>	Student does not live with parents. Lives with a friend or relative because of loss of housing, economic hardship, or similar reason.
<input type="checkbox"/>	In a shelter.
<input type="checkbox"/>	In an unsheltered location such as:
<input type="checkbox"/>	* a tent
<input type="checkbox"/>	* a car/truck
<input type="checkbox"/>	* an abandoned building
<input type="checkbox"/>	* on the streets
<input type="checkbox"/>	* at a campground
<input type="checkbox"/>	* in the park
<input type="checkbox"/>	* in a bus/train station
<input type="checkbox"/>	* other similar place
<input type="checkbox"/>	In a hotel/motel because of loss of housing or economic hardship.
<input type="checkbox"/>	In a transitional housing program (paid by a church or other nonprofit organization).
<input type="checkbox"/>	The student does not sleep in any of the places described above. Tell below where the student sleeps.
<input type="checkbox"/>	The student is unsheltered because of a natural disaster.
<input type="checkbox"/>	"X" the type of disaster below and provide the requested information.
<input type="checkbox"/>	___ Hurricane-must write the name of the hurricane here _____
<input type="checkbox"/>	___ Flood
<input type="checkbox"/>	___ Tornado
<input type="checkbox"/>	___ Wildfire
<input type="checkbox"/>	___ Other - Describe here: _____
<input type="checkbox"/>	Date the natural disaster took place: _____
<input type="checkbox"/>	Location where natural disaster occurred: _____ County: _____

Signature of Parent/Legal Guardian/Caregiver/Student who does not live with parents _____
Date

For School Use Only	
I certify the above named student qualifies for provisions of the McKinney-Vento Act.	
_____ Signature of McKinney-Vento Liaison	_____ Date