

Student Residency Questionnaire

PLEASE PRINT CLEARLY

Name of School: _____

Name of Student: _____

Gender: Male
Female

Birth Date: ____/____/____
Month Day Year

Grade: _____

Student ID #: _____

This questionnaire is intended to address the McKinney-Vento Act (42 U.S.C. 11434a(2)). The answers to this residency information help 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).

1.	Is the student's current address a temporary living arrangement?	___ Yes	___ No
2.	Is this temporary address due to a military/PCS move?	___ Yes	___ No
3.	Is this temporary living arrangement due to loss of housing, economic hardship, domestic violence, or divorce?	___ Yes	___ No
4.	Is the student an unaccompanied youth (not in the physical custody of a parent or legal guardian)?	___ Yes	___ No
5.	Is the student in Foster Care?	___ Yes	___ No

If you answered YES to ANY question, please complete the remainder of this form.
If you answered NO to all question(s), Please sign the bottom of the form and continue with registration.

Please check only one blank that best describes where the student is presently living.

___ In a hotel or motel (Name: _____)

___ In a shelter (**Shelter Name:** _____ **Case Manager:** _____)

___ With more than one family in a house or apartment #Bedrooms _____ #People _____

Full Name of person who owns or rents the home (Required): _____

Relationship to student (Required): _____

___ In a tent, car, van, abandoned building, on the street, at a campground, in a park, or other unsheltered location.

PRINTED Name of Parent/Legal Guardian or Unaccompanied Youth _____

Physical Address of Student _____ Zip _____ Phone _____

Please provide the following information for **ALL** brothers and/or sisters of this student who also live in KISD AND who are also temporarily housed. *Include ALL pre-school aged siblings. Please use back if necessary.*

Name	Grade	Age	School	Student ID Number

Signature of Parent, Legal Guardian, or Unaccompanied Youth

Date