Student Residency Questionnaire
__________________________________________ Unified School District

This questionnaire is intended to address whether a child is eligible for services provided and required by the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living?
   - □ in a shelter
   - □ with more than one family in a house or apartment
   - □ in a motel, car or campsite
   - □ with friends or family members (other than parent/guardian)
   - □ none of the above choices apply (You do not need to complete the remainder of this form, if you check this box. Return form to school personnel.)

2. The student lives with:
   - □ 1 parent
   - □ 2 parents
   - □ 1 parent & another adult
   - □ a relative, friend(s) or other adult(s)
   - □ alone with no adults
   - □ an adult that is not the parent or the legal guardian

School:_______________________________________________________

Name of Student ____________________________ Male ___  Female ____

Birth Date/Year _____________  Age: ____  Social Security #____________

Name of Parent(s) Legal Guardian(s)________________________________

Address _____________________________________________ ZIP:______

Phone/Pager: __________________________________________________

Signature of Parent/Legal Guardian _________________________________
Date: _________________________________________________________

If any of the first four boxes in question #1 were checked, fax this form immediately to the District Homeless Liaison # _________________________.

Name and phone number of school contact person who may know of the family’s situation: ________________________________________________

Date faxed: ____________________________________________________