

Spring Branch ISD

Student Residency Questionnaire

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). This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11434a(2). The answers to this residency questionnaire will help determine the services the student may be eligible to receive.

Name of Current School: _____ Current Grade: _____

Name of Student: _____ Sex: Male
Last First Middle Female

Birth Date: ____/____/____ Age: _____ Student ID #: _____
M D Y

Previous School Attended: _____ Previous City, County/Parish and State: _____

1. Is your current address a temporary living arrangement? YES NO
2. Is this temporary living arrangement due to loss of housing or economic hardship? YES NO
3. Is your temporary arrangement due to a natural disaster? YES NO

Name of Disaster _____ (i.e. Hurricane Woody)

If you answered YES to any of the above questions, please complete the remainder of this form.

Where is the student presently living? (*Check one box.*)

- | | |
|--|--|
| <input type="checkbox"/> In a hotel/motel
<input type="checkbox"/> In a shelter
<input type="checkbox"/> Receive Westside Homeless Prevention assistance
<input type="checkbox"/> With more than one family in a house or apartment
<input type="checkbox"/> 2298 Safety Plan Form | <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
<input type="checkbox"/> Unaccompanied Minor
<input type="checkbox"/> Other (Specify) _____ |
|--|--|

Does your child need transportation? YES NO

Please provide the following information for all siblings attending and not attending school (brothers and/or sisters) of the student:

Name of Student	Grade Level (if any)	Student ID (if any)	Campus Name/Code (if any)	Date of Birth

The student lives with:

- | | |
|---|---|
| <input type="checkbox"/> Parent(s)
<input type="checkbox"/> Adult/relative who is not a legal guardian | <input type="checkbox"/> Legal Guardian(s)
<input type="checkbox"/> Alone with no adult(s) |
|---|---|

Name of Parent/Guardian/Caregiver/Unaccompanied Student: _____

Current Address: _____ Zip: _____ Phone: _____

Signature of Parent/Guardian/Caregiver/Unaccompanied Student _____ Date _____

If YES is marked on two of the questions above - please fax to 713-251-2495

FOR EF&C USE ONLY

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date McKinney-Vento Liaison Signature