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.

School		Previ	Previous School					
Student Name		Date of Birth STU		STU ID	ID			
Current Address				Grade	— □ Male	□ Female		
					- Maio	- Temare		
Lives with: \Box Both Parents \Box Mother \Box Father \Box	Legal Guardian	□ Caretaker/Rela	tive without legal guar	dianship Othe	r			
Is the student <u>currently</u> in the conservatorship of the Department of Family & Protective Services (Foster Care)?						□ No		
If Yes - name of DFPS Case Manager:		Contact	information:			_		
Does the student reside at a residential treatment center? Facility Name:	nnager:			□ Yes	□ No			
Contact information:								
Please provide the follow	vina informatio	n for all sibling	rs attending and no	t attending scho	nol			
Student's Name	Grade Level	Stu ID	Name					
70			. 10 11 0					
If any section below this line is completed, please scan to externalfunding@sprinbgranchisd.com								
Please complete the Current Housing Situat	ion AND Rocka	round Situatio	on sactions balass to	dotormino Mek	innov Vont	o oligibility:		
r lease complete the Current Housing Situat	ion <u>AND</u> Dackg	round Situatio	on sections below to	determine wick	inney-venu	o engionity.		
Part A: CURRENT HOUSING SITUATION - Check the	he student's curren	t housing situation	on					
I CURRENTLY LIVE:								
☐ In my own home or apartment, in Section	_		sing or in military hou	sing with parent(s)	, legal guardia	an(s)		
(if you checked the box above, check one or both of the boxes, if applicable) □ My home has no electricity □ My home has no running water								
□ My home has no electricity	□ My nome nas	no running water	r					
OR I CURRENTLY LIVE IN A TRAN	ISITIONAL HOL	ISING SITUAT	ION:					
□ Living in a shelter □ □ Living in a motel or hotel								
☐ Living with more than one family in a h	ouse or apartment	(Doubled-up) du	e to economic hardship	9				
UNIQUEL TED								
	<u>UNSHELTER</u> ☐ Moving from place to place			☐ Living in a structure not usually used for housing				
□Living in a car, park, campsite, camper,		,						
<u>UNACCOMPANIED YOUTH</u> □ Yes								
(An unaccompanied youth is a student wi non-custodial relatives or friends without			a parent or legal guar	dian. This would in	ıclude studen	ts living with		
non-custodidi retalives or friends without	a parent or tegat ;	guaraian)						
Part B: BACKGROUND SITUATION (If a Transitional	l Housing Situation	n is checked abo	ve - please check ANY	Y below that apply))			
☐ Catastrophic illness / medical expenses	/ disability	□ Domestic Iss	ue	□ New to To	own			
□ Parent(s) involved in military deployme	□ Awaiting placement in foster care / CPS custody		 ☐ House fire or other destruction ☐ Migrant work in fishing or agriculture 		☐ Loss of Employment☐ Evicted/kicked out			
		□ Economic ha			saster / evacu	untion		
☐ Parent Incarcerated/Recently released fr	om incarceration	⊔ Economic na	rasnip	□ Naturai di	saster / evacu	ation		
Part C: NEEDED SERVICES - Based on availability (Check services nee	eded)						
☐ Transportation			□ Personal Hygiene Items □ Emergence			niforms		
□ Immunizations								
To the best of my knowledge this information is true	and correct.							
Name (PLEASE PRINT):		Signature						
Phone #:		Date						