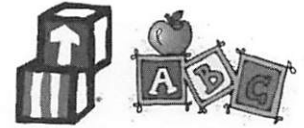




COACHELLA VALLEY UNIFIED SCHOOL DISTRICT
 CHILDREN AND FAMILY SERVICES
 CHILD DEVELOPMENT PROGRAMS
 POST OFFICE BOX 847 • THERMAL, CALIFORNIA 92274 • (760) 848-1075



STUDENT RESIDENCY QUESTIONNAIRE/ AFFIDAVIT

This document is intended to address the McKinney-Vento Homeless Assistance Act. Your answers will help determine which documents are necessary to enroll your child.

Student Name: _____ Birthdate: _____

Program: Head Start ___ State Preschool ___ Gender: Male ___ Female ___

1. Do you and the student live in (*please mark one*):

- home
- an apartment, or mobile home (trailer)
- shelter
- motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or recreational vehicle (RV)
- at a campsite
- transitional housing
- other location (*please specify*): _____

2. Do you own or rent where you live? **YES** ___ **NO** ___

Please mark one: own a home ___ rent a home, apartment, or mobile home ___

If you marked, "NO". Explain:

3. The student lives with (*please mark one*):

- one parent
- two parents
- a qualified relative
- friend(s)
- an adult that is not the legal guardian
- alone with no adult(s)

4. I am (*please mark one*):

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student (*please specify*):
Relationship: _____

I declare under penalty of perjury under the laws of the state of California that the information provided here is true and correct and of my own personal knowledge.

Adult Name: _____

Adult Signature: _____ Date: _____

Residence: _____

Street City Zip Code

Mailing Address: _____

Street City Zip Code

Telephone: (____) _____ Cell Phone: (____) _____