



Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

SITE USE ONLY	
Initial: _____	_____
Date: _____	_____

### Student Residency Questionnaire

(One questionnaire required per student)

This form must be completed at the beginning of every school year by all parents/guardians and/or unaccompanied youth. The information provided on this form can assist with identifying students who qualify for services under the McKinney-Vento Act (Transitional Housing).

Parent #1/ Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_

How long have you been at this location? \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent #2/ Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_

How long have you been at this location? \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*\*\*Note: If legal custody is split between two parents, in addition to the documents listed below, you will need to attach a certified copy of the court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order. \*\*\***

PLEASE LIST ALL OF THE PRESCHOOL AND SCHOOL-AGED CHILDREN LIVING IN YOUR HOME:			
Name: _____	Birthdate: ____/____/____	School: _____	Grade: _____
Name: _____	Birthdate: ____/____/____	School: _____	Grade: _____
Name: _____	Birthdate: ____/____/____	School: _____	Grade: _____
Name: _____	Birthdate: ____/____/____	School: _____	Grade: _____
Name: _____	Birthdate: ____/____/____	School: _____	Grade: _____

Are any of your students in foster placement?  YES  NO  
(If you answer YES, please complete a Foster Student Questionnaire for each foster student.)

PLEASE CHECK THE BOX BELOW THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION:	
<input type="checkbox"/> Rent/own apartment or home (IF CHECKED, GO TO STEP A)	
<input type="checkbox"/> Sharing the housing of other person due to (CHECK ONE, AND GO TO STEP B):	
____ Loss of housing, economic hardship or a similar reason such as evicted from home	
____ Long-term living arrangement	
____ Other, please explain: _____	
_____	
<input type="checkbox"/> Living in a motel, hotel, campground, trailer park or similar setting	
<input type="checkbox"/> Living in emergency or transitional such as domestic violence or homeless shelters or in transitional housing	
<input type="checkbox"/> Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation	
<input type="checkbox"/> Sleeping in cars, parks, public spaces, abandoned buildings, substandard housing or similar settings	
<input type="checkbox"/> Living with an adult that is not a parent or legal guardian, or living alone without an adult	

- A. If you own or rent the property in which you reside, please attach these 3 items with **your name (PARENT/GUARDIAN)** and current address:
  1. Recent copy of mortgage/rental agreement OR San Joaquin County Tax Bill
  2. Recent copy of utility bill (PGE, City of Tracy, etc.)
  3. One other recent bill mailed to you at your address OR Current Driver's License or California ID from the DMV with updated address
- B. If you would like to receive information regarding available resources, please complete Housing Questionnaire: [HERE](#)

The address listed above is my primary residence. I agree to notify TUSD immediately if there is any change in the status of my residency. I certify that all the information provided is true and correct. I am aware that District Officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution or other penalties under District, State and Federal Laws.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Residency Affidavit

*If you are sharing a home with another individual or family, **not due to economic hardship**, please fill out this affidavit. It must be signed in the presence of a School or District Secretary or be sworn before a Notary Public and notarized to be valid.*

### **Parent/Guardian:**

The Tracy Unified School District will actively investigate all cases where it has reason to believe false information has been provided. The District may refer cases in which false information has been intentionally provided to the San Joaquin County District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information. If false information is provided to the District for the purpose of enrolling my student in the District, I could be held liable for the expense to the District of educating my student, which could exceed \$5,000.00 per student per school year. Additionally, I may be held civilly liable and be required to pay all damages including punitive damages. (Civil Code Sec 1709).

**Investigations that reveal a student has enrolled on the basis of providing false information may lead to withdrawal from the District/School.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Primary Resident (Not Parent/Guardian):**

I declare I am the primary resident/owner of the address listed on the Address Declaration and that the person(s) claiming the address reside with me on a full-time basis (seven days a week). I agree to immediately notify the school and/or Tracy Unified School District if there is any change in the status of their residency. I understand that District personnel may conduct unscheduled home visits as a tool to determine the residency of the student.

**I swear (or certify) under penalty of perjury that** \_\_\_\_\_ **(Student's Name) resides at my address:**

**Name of Primary Resident (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUBSCRIBED AND SWORN BEFORE ME:**

**NOTARY SEAL:**

\_\_\_\_\_  
**School/District Secretary or Notary Public Name (Printed)**

\_\_\_\_\_  
**School/District Secretary or Notary Public (Signature)**

\_\_\_\_\_  
**DATE**



**\*\*\*PLEASE ATTACH A COPY OF PRIMARY RESIDENT'S PICTURE ID\*\*\***