

Lompoc Unified School District Housing Questionnaire

Student Last Name	Fi	rst	Midd	le	
DOB:	Name of Scho	_Name of School:		Grade	
Is the student listed above a depen	dent of a consortium of tribes o	or tribal organizatio	on? □Yes □No	☐ Prefer Not to State	
Federal and state laws provide in Homelessness for this purpose	•	n foster care or e	experiencing hom	ielessness.	
 Immediate enrollment in currently staying, even if Receive transportation to as provided to all other of Receive the full protection 	have the right to: school of origin, if requested the school they last attende you do not have all the doc and from the school of orig hildren, including free meals ans and services provided ur who are experiencing home	d (school of orig uments normally in, the same spe s and Title I. nder all federal a	in) or the local so required at the t ecial programs ar nd state laws, as	chool where you are ime of enrollment. Indicate services, if needed, it relates to children,	
The information provided below and/or your child may be eligible shared with appropriate parties	e to receive. The informatio				
Presently, are you and/or your factor of the staying in a shelter (fam Management Agency (Fluid Sharing housing with oth housing, or similar reason Living in a car, park, can water, electricity, or heat Temporarily living in a moul I am a student under the Living in a foster home pure None of the above/ Living	ily shelter, domestic violence EMA) trailer per(s) due to loss of housing n pground, abandoned buildir tel or hotel due to loss of hou age of 18 and living apart fr lacement (relative, non-relative)	e shelter, youth so , economic hardsong, or other inad sing, economic horom parent(s) or tive, group home	shelter) or Federa ship, natural disa equate accommo ardship, natural d guardian	ster, lack of adequate	
The undersigned parent/guardian/u	naccompanied minor certifies	that the informatio	n provided above i	s correct and accurate.	
Print Name	Signatu	Signature		Date	
(Area Code) Phone Number	Street A	.ddress	City/State	Zip	
Please list all children currently livir	ng with you.				
Name	Birthdate	Grade	School		
Name	Birthdate	Grade	School		
Name	Rirthdate	Grado	School		

If you have any questions, contact the district liaison Sonia Yepez (805) 742-3980, yepez.sonia@lusd.org or your school site

liaison.