

2022-2023 Student Housing/Residency Information

This survey is intended to address the requirements of the No Child Left Behind Act: Title IX/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY**

Name of student(s) to be enrolled:

Student Name	Birthdate	Grade	School

Please list all other children/youth in your household (including PK children) enrolling in Flagler Schools or not enrolled in school:

Student Name	Birthdate	Grade	School

Parent or Legal Guardian Name (Print): _____

Caregiver Name & Relationship to Student (Print): _____

Student Name (if an unaccompanied youth that is homeless): _____

Street Address (Location of House): _____

Length of time at this address: _____ Best Contact Number: _____

Mailing Address: _____

Former Address: _____

Check or place an "X" in the appropriate box to answer "Yes" or "No"	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel.			E

***If you marked "Yes" to any question above, please indicate the cause by placing an "X" in the appropriate box.**

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|--|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D) | <input type="checkbox"/> Natural Disaster-Earthquake (E) | <input type="checkbox"/> Pandemic (P) |
- Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O)

Check or place an "X" in the appropriate box to answer "Yes" or "No"	Yes	No	CODE
The enrolling student(s) is/are <u>living with</u> a parent or legal guardian.			Y or N
The enrolling student(s) is/are <u>living apart</u> from their parent or legal guardian.			Y or N

Your child has certain educational rights or protections under the McKinney-Vento Homeless Education Act. The rights are as follows:

- Immediately enrolled and attend classes without having health and school records with you.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school as any other child in your school zone.
- Request enrollment in the school where you are living or in the school attended when you were permanently housed (school of origin). If you request your child to attend the school of origin, the school administrator will determine if it's in your child's best interest.
- If you request enrollment in the school of origin and the school determines that it is NOT in the best interest of the child, the school must provide a written explanation. You have the right to appeal the decision in writing to the FIT District Liaison.

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).

Parent/Legal Guardian Signature: _____

Caregiver Signature: _____

Unaccompanied Homeless Youth Signature: _____

School Personnel Use Only

Initial Residency (McKinney-Vento Checklist must be completed)

Recertification Residency (no gaps between school years):

Recertified by Phone

Recertified by Office/School

Recertified by Mail

Staff Name & Title: _____ Date: _____

FIT District Liaison Signature: _____ Date: _____