



Hitchcock Independent School District Student Residency Questionnaire

All information **MUST** be completed by parent, guardian, caregiver or unaccompanied student.

Campus _____ Date _____

Student Name _____ Birth Date _____ Grade _____

Student ID# _____ Male Female

Current Address _____ How long have you lived at this address? _____

Phone number _____ Emergency phone number _____

Lives with: Both Parents Mother Father Legal Guardian Caretaker/Relative without legal guardianship Other Specify: _____
relationship

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)?
 Yes No

Part A: CURRENT HOUSING SITUATION-

Mark "X" in all boxes below that best describe where the student sleeps at night. Leave those blank that do not apply

- Lives in a house/apartment owned or rented by their parent/legal guardian.
- In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded
- Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason
- Living in a shelter Name of Shelter _____
- Living in a place not designated to sleep like car, park, campsite, or outside
- Living in a motel or hotel Name of Hotel or Motel _____
- Moving from place to place
- Living in a RV/Camper Name of RV Park _____
- Scattered Site Housing (HUD supplemented)
- The student does not sleep in any of the places described above. Tell below where the student does sleep:

UNACCOMPANIED YOUTH Yes No

An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.

Part B: BACKGROUND SITUATION -

Mark "X" in all boxes below that best describe where the student sleeps at night. Leave those blank that do not apply

- Catastrophic illness /disability o
- Parent involved in military deployment
- Natural disaster. Please check one: Hurricane _____ Flood _____ Fire _____ Other _____
- Parent Incarcerated
- New to Town
- Domestic Issue
- Loss of Employment
- Migrant work in fishing or agriculture
- Economic hardship/low earnings
- Awaiting placement in foster care / CPS custody
- Evicted/Asked to leave the house

Part C: Other Siblings (brothers/sister) of the Student

Name	Grade Level	School District/Campus

Other children who live in the house that are not brothers / sisters

Name	Grade Level	School District/Campus

To the best of my knowledge this information is true and correct.

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Contact Phone #

District Use Only

<input type="checkbox"/> Student Qualifies for McKinney-Vento services
<input type="checkbox"/> Student does not qualify for McKinney-Vento services
<input type="checkbox"/> P.A.W.S. Services Needed
<input type="checkbox"/> Child Nutrition (Chartwells) Notified Date_____
<input type="checkbox"/> Assistance Needed with collecting missing documentation
Documentation Needed_____
_____ Signature of District Liaison
_____ Date

