



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:

Rent/own apartment or home **(IF CHECKED, GO TO STEP A)**

Preferred Sharing Home or Long-Term Living Arrangements **(IF CHECKED, GO TO STEP B)**

Sharing the housing of other person due to **(CHECK ONE, AND GO TO STEP C):**

____ Loss of housing, economic hardship or a similar reason such as evicted from home

____ Living in a motel, hotel, campground, trailer park or similar setting

____ Living in emergency or transitional such as domestic violence or homeless shelters or in transitional housing

____ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation

____ Sleeping in cars, parks, public spaces, abandoned buildings, substandard housing or similar settings

____ Living with an adult that is not a parent or legal guardian, or living alone without an adult

____ Political Asylum

- 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:
 - a. Recent copy of mortgage/rental agreement OR San Joaquin County Tax Bill
 - b. Recent copy of utility bill (PGE, City of Tracy, etc.)
 - c. 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 are sharing a home with another individual or family, please attach these 3 items with **their name (PRIMARY RESIDENT)** and current address, and complete **RESIDENCY AFFIDAVIT** on the reverse side **in person:**
 - a. Recent copy of mortgage/rental agreement OR San Joaquin County Tax Bill
 - b. Recent copy of utility bill (PGE, City of Tracy, etc.)
 - c. Driver's License

Please also attach 1 item with **your name (PARENT/GUARDIAN)** and current address:

 - d. One other recent bill mailed to you at your address OR current Driver's License or California ID from the DMV with updated address
- C. 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