

## Student Residency Questionnaire

**NOTE: PLEASE REMOVE ALL INFORMATION IN THIS BOX BEFORE USING THIS FORM; UPDATE THIS FORM TO REFLECT THE NEEDS AND SPECIFICS PERTAINING TO YOUR DISTRICT.** This form is an example of what most districts in Texas have found useful to include in their student enrollment packets to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. Answers to this residency information help determine the services the student may be eligible to receive. This form is adapted from one developed by Cypress Fairbanks ISD.

Name of School \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex:  Male  
Last First Middle  Female

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Month / Day / Year (or student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? \_\_\_\_ Yes \_\_\_\_ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  
\_\_\_\_ Yes \_\_\_\_ No

If you answered YES to the above questions, please complete the remainder of this form.  
If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*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).*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please send a copy to \_\_\_\_\_ at the Central Office.

Fax: XXX-XXX-XXXX

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
McKinney-Vento Liaison Signature

Pine Hill School District

Student name(s) \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, swear under oath that the following is true:

1. On, \_\_\_\_\_ (date), I moved into \_\_\_\_\_  
\_\_\_\_\_ due to a loss of housing, economic hardship or similar reason. I am currently unable to provide a permanent residence of my own and I am temporarily staying in the home of \_\_\_\_\_ whose address is \_\_\_\_\_  
\_\_\_\_\_

2. I am the \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ guardian of the student(s) listed above and he/she lives with me at the address listed in statement one.

3. My previous address was: \_\_\_\_\_  
\_\_\_\_\_

I moved from this address due to \_\_\_\_\_  
\_\_\_\_\_

4. The student(s) listed above \_\_\_\_\_ was/were \_\_\_\_\_ was/were not enrolled in Pine Hill Schools prior to the move.

Name of previous school \_\_\_\_\_

Grade \_\_\_\_\_

Parent \_\_\_\_\_

Signature

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