

Pearland Independent School District

Student Residency Questionnaire (SRQ)

(Form must be included in school enrollment packet or available online)

Student Name: _____ Date of Birth _____ / _____ / _____ Male/Female Grade _____ Date _____

School (based on current residence): _____

School of Origin (last school and district attended): _____

Current Address: _____

Parent/Guardian/Adult Caring for Student: _____

Phone Number(s): _____

Table with 3 columns: Siblings of student: Name, School, Grade. Includes three rows for listing siblings.

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Your child may be eligible for additional educational services. Eligibility can be determined by completing this questionnaire and allows schools the ability to monitor and provide services accordingly. It is illegal to knowingly make false statements on this form. The McKinney-Vento Act is governed by federal guidelines.

1. Yes No Are you experiencing a temporary living arrangement due to loss of housing or economic hardship?

If yes, please check ANY that apply: If no, please proceed to item #4.

- Checkboxes for reasons: Catastrophic illness / medical expenses / disability, Domestic issues, Evicted or kicked out, Abandoned by parents, Inadequate (No running water/electricity), Other, Natural disaster or evacuation, Loss of Employment (no income), House fire or other housing destruction, One or both parents deceased, Parent Incarcerated or recently released from incarceration.

2. Is this temporary arrangement; (Check ALL that apply)

- Checkboxes for arrangement types: In an emergency/transitional shelter?, Temporarily with another family?, With an adult that is not a parent or legal guardian? Specify relationship, In a hotel/motel?, In a vehicle of any kind, RV park or campground, abandoned building or substandard housing?, In Emergency Housing? (i.e. FEMA Trailer or FEMA Rental Assistance), A Residential Affidavit?, Other (give specific information).

3. Length of Time at Present Address: _____ How long do you plan to stay at residence (if known): _____

4. _____ Parent/Guardian Name/Adult Caring for Student or Unaccompanied Youth Signature Date

Homeless Liaison Use Only- Check All That Apply-

Did Not Qualify (DNQ)-0 Doubled-Up-2 Unsheltered/FEMA-3 Hotel/Motel-4 Sheltered-5 Unaccompanied youth Yes-4 No-3

Resource Assistance Provided Emergency Food, School Supplies, Personal Hygiene Items, Transportation, Immunizations, Community Resources, Emergency School Clothing- Other-

Processed by: _____ Date _____