STUDENT RESIDENCY STATEMENT (SRS)

School: _____   Date: _____

Please list all of YOUR preschool and school-aged children currently living with you (PLEASE PRINT):

Student Name	Birth Date	Grade	School

Information provided on this form is confidential.

1. Presently, are you and/or your family in any of the following situations?

☐ Sharing the housing of other persons due to: (check one)

    ☐ Loss of housing, economic hardship or a similar reason (example: evicted from home, etc.)

        Explain: _____

    ☐ Long-term, cooperative living arrangement to save money or a similar reason

    ☐ Other (please specify): _____

☐ In a motel, hotel, campground or similar setting due to: (check one)

    ☐ Lack of alternative adequate accommodations, explain: _____

    ☐ A convenient living arrangement or waiting for apartment or house to be ready

    ☐ Other (please specify): _____

☐ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing

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

☐ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings

☐ None of the above

2. Youth Custody Status:

    ☐ Youth is in the physical custody of a parent or guardian

    ☐ Youth is NOT in the physical custody of a parent or guardian

3. How long do you anticipate living at this location? _____

Current Address: _____   City & Zip: _____

Phone Number: _____

The undersigned parent/guardian certifies that the information provided above is accurate.

_____

Print Parent/Guardian Name/Unaccompanied Youth   Signature   Date

_____

***********FOR OFFICE USE ONLY***********

Did the enrolling adult also complete Statement of Legal Residence?   ☐ Yes   ☐ No

Did the enrolling adult also complete a School Affidavit?   ☐ Yes   ☐ No

Transportation? ☐ Yes ☐ No   Birth Certificate presented: ☐ Yes ☐ No

Lunch Services? ☐ Yes ☐ No   Immunizations presented: ☐ Yes ☐ No

Reviewed by: _____

Sent to the Office of Accountability by name/date: _____