2024-2025 Student Residency Questionnaire

Receiving Site: _____

McKinney-Vento Students in Transition

| Parent or Guardian | Unaccompanied | Youth | Relationship to Stud | dent: | |
|---|--|---|---|----------------|---------------|
| Name: | Name: | | | | |
| Student resides with (name): | | Address: | | Phone: | |
| | | | | | |
| If your answer is NO to | questions 1 and 2 below, | you do not need to co | mplete or turn in this f | orm. | |
| 1. Do you and your student lack a fixed, regular, and | | | | Yes | No No |
| 2. Are you an unaccompanied youth (not in physical | | | | Yes | No 🗌 |
| | is YES to any of the questions ab | | | | |
| Check the box that best describes with whom the studen have legal guardianship are allowed | t resides. Please note: Legal guardianshi to enroll in and attend school. The schoo | | - | | es who do not |
| Parent(s) Legal Guardian(s) | Caregiver(s) who a | re not legal guardian(s) | Unaccompani | ied Youth - UY | |
| Please provide the following information for | all students & siblings in the h | ousehold: | | | |
| NAMES (Children Birth | | SCHOOL | BIRTHDAY (XX/XX/XXXX) | G | IRADE |
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| Please che | ck only one box that best describe | es where the student/family is | s presently living: | | |
| Living in hotels, motels, trailer parks or campgrounds du | ue to lack of adequate alternative housing | | | | |
| Living in emergency or transitional shelters | | | | | |
| Living in a car, park, public space, abandoned building o | | ectricity) | | | |
| Sharing housing with other persons due to loss of housi | • | | | | |
| Student living apart from a parent/guardian and housin | g is not fixed and regular (couch surfing) | | | | |
| The information on this form is required to meet the law known as a Secondary Education Act. The answers you give will help the school | | | he Elementary and | | |
| Presenting a false record or falsifying records is an offense under Se TEC Sec. 25.002(3)(d). | ction 37.10, Penal Code, and enrollment of stu | dents under false documents subjects th | he person to liability for tuition or other o | costs. | |
| | | | | | |
| Signature: Parent, Guardian, Caregiver or | Unaccompanied Student | Date | | M-V | ': |

| PLEASE COMPLETE THIS FORM AND SUBMIT IT ONLINE OR BRING IT TO SC | HOOL SITE OFFICE THANK YOU! | |
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Rev. 7/2021

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Transportation

Notified Site

Student Needs Form

| *Please only complete the items of necessity *Please only complete the items of necessity Shampoo/Conditioner Hairbrush Comb School Supplies (Pens, Pencis, Highlighters, etc.) Deodorant Hair Accessories (i.e. hair ties) Deodorant Lotion Other (Please Specify): Other (Please Specify): Toothbrush Sanitary Napkins (Menstrual Pads) Toothpaste Tampons *Please indicate the name(s) of student and record(s) needed: *For High School Seniors Only Student Name(s) Cap & Gown *Please select all events you would like your student(s) to participate in. You will receive more detailed information closer to the event. | Please list your student(s) names and immediate needs (Please include sizes) | | | | | | | |
|--|--|------------|--|--|--|--|--|--|
| *Please only complete the items of necessity *Please only complete the items of necessity Shampoo/Conditioner Hairbrush Body Wash/Soap Bar Comb Deodorant Hair Accessories (i.e. hair ties) Deodorant Lotion Contbrush Sanitary Napkins (Menstrual Pads) Toothbrush Sanitary Napkins (Menstrual Pads) Toothpaste Tampons Other *Please indicate the name(s) of student and record(s) needed: *For High School Seniors Only Cap & Gown Your student(s) may be eligible for the following events *Please select all events you would like your student(s) to participate in. You will receive more detailed | | | | | | | | |
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| Shampoo/Conditioner Hairbrush □ Coat/Sweatshirt (Please include sizes): Body Wash/Soap Bar □ Comb □ School Supplies (Pens, Pencils, Highlighters, etc.) Deodorant □ Hair Accessories (i.e. hair ties) □ Yearbook (8th Grade & 12th Grade Only) Razor □ Lotion □ Other (Please Specify): Toothbrush □ Sanitary Napkins (Menstrual Pads) □ Other (Please Specify): Toothpaste □ Tampons □ Other | *Please only com | Hygiene | | | | | | |
| Body Wash/Soap Bar Comb School Supplies (Pens, Pencils, Highlighters, etc.) Deodorant Hair Accessories (i.e. hair ties) Yearbook (8th Grade & 12th Grade Only) Razor Lotion Other (Please Specify): Toothbrush Sanitary Napkins (Menstrual Pads) Toothpaste Tampons Other Records (Birth Certificate, etc.) *Please indicate the name(s) of student and record(s) needed: *For High School Seniors Only Student Name(s) Cap & Gown Your student(s) may be eligible for the following events *Please select all events you would like your student(s) to participate in. You will receive more detailed | | - | | | | | | |
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