

Today's Date: _____

2024-25 STUDENT RESIDENCY QUESTIONNAIRE

PLEASE COMPLETE (1) ONE FORM FOR EACH STUDENT

STUDENT NAME: (Last Name, First Name)		CFISD STUDENT ID:	BIRTH DATE: / /
ADDRESS WHERE STUDENT SLEEPS AT NIGHT: (Include City, State, and Zip)			CFISD SCHOOL:
PREVIOUS ADDRESS – WITHIN THE LAST YEAR: (Include City, State, and Zip)		EMAIL ADDRESS:	
HOW LONG HAS THE STUDENT BEEN AT THEIR CURRENT ADDRESS? _____ # years _____ # months _____ # weeks _____ # days		HOW LONG DID THE STUDENT LIVE AT THE PREVIOUS ADDRESS? _____ # years _____ # months _____ # weeks _____ # days	
LAST SCHOOL ATTENDED:		LAST DISTRICT ATTENDED:	CURRENT GRADE LEVEL:
NAME OF PARENT/GUARDIAN OR PERSON WITH WHOM STUDENT RESIDES:			BEST CONTACT PHONE #:
PLEASE INDICATE HOW THE STUDENT IS RELATED TO THE INDIVIDUAL(S) THEY ARE RESIDING WITH.			
<input type="checkbox"/> One or Both Parents <input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> Foster Guardian (granted by CPS) <input type="checkbox"/> Caregiver (Examples: friends, relatives, etc.) <input type="checkbox"/> Alone with NO adult(s)			

1. Does the student currently live in a home or apartment **owned or rented** by a parent or legal guardian? YES NO
2. Does the home have running water, electricity, heat and/or large enough space for the size of the family? YES NO



If you answered **YES** to the questions above, **skip the remainder of the form.**
If you answered **NO**, please complete the remainder of the form.

3. Is your current address a temporary living arrangement due to any of the following: loss of housing, natural disaster (such as a flood, tornado, wildfire, or hurricane), eviction/foreclosure, domestic violence, home fire, unhealthy living conditions, incarceration of parent/ legal guardian? YES NO
 - If **YES**, what date did the natural disaster or incident take place? _____
 - Where did the natural disaster or incident take place, including county? _____
4. Where would the family or youth live, if not at the current residence? _____
5. Check ✓ only one of the following to describe where the student lives: The student lives in...
 - an emergency shelter because, I do not have permanent housing.**
 - Name of shelter or organization: _____
 - a hotel/motel, because of loss of housing or economic hardship.**
 - Name of hotel/motel: _____
 - transitional housing.** (available for a certain length of time and partly/completely paid for by a church, nonprofit, etc.)
 - Please specify: _____
 - the home of a friend/relative due to loss of housing.** (Examples: fire, flood, lost job, divorce, eviction, etc.)
 - Name and relationship of person residing with _____
 - a place not designed for ordinary sleeping accommodations, such as a car, park, campground, street, abandoned building or substandard housing.**
 - Please specify: _____

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STUDENT NAME: (LAST NAME, FIRST NAME)	CFISD CAMPUS:
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6. Are there any other children in the home enrolled in school? YES NO

Provide information for school-age children living in the home. If necessary, use the back of the form to list additional students.

Last Name	First Name	Grade	School	Sibling
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain your situation in specific details: *(Additional information will assist with determining eligibility.)*

FOR SCHOOL USE ONLY

Signature of Parent/Guardian/Caregiver or Unaccompanied Student:	Today's Date:
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Presenting a false record or falsifying records is a criminal offense punishable by up to 10 years and \$10,000. TEXAS PENAL CODE §37.10. A person who enrolls a child under false documents may be liable for the cost of tuition or other costs. TEXAS EDUCATION CODE §25.002(d).
 I have read and understood the information provided above. I understand that if any of the responses given on this form are found to be false, I will be subject to criminal, civil and administrative penalties. I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

This form helps determine the services the student may be eligible to receive under the McKinney-Vento Act (42 U.S.C. 11435). **Answers to this residency form are private and will be shared with District staff only to the extent necessary to provide services.** Because this information is not maintained in your child's permanent school record, it must be collected each school year. Please answer fully and honestly to assist school staff with appropriately enrolling your child.

DISTRICT USE ONLY	
<input type="checkbox"/> Accompanied Youth (in physical custody of a parent/legal guardian)	<input type="checkbox"/> Unaccompanied Youth (NOT in physical custody of a parent/legal guardian)
<input type="checkbox"/> Student qualifies as homeless.	<input type="checkbox"/> Student does NOT qualify as homeless.
McKinney-Vento Liaison Signature:	Date:
Comments:	