



**BARSTOW
UNIFIED**
SCHOOL DISTRICT

Your **Best Choice** for **Academic Success!**

Housing Questionnaire/Affidavit

Per California Assembly Bill 27, all families are required to complete this form annually. Completion of the form will help the district determine if your child is eligible for McKinney-Vento Assistance.

551 South Avenue H • Barstow, CA 92311 • Phone: (760) 255-6000 • Fax: (760) 255-8965 • www.barstow.k12.ca.us

The information provided below will help the Local Education Agency determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Student Name (Last, First MI):		Birthdate: <input type="checkbox"/> Male <input type="checkbox"/> Female		
School Assigned:		Grade:		
Name of Parent/Guardian:		Phone number:		
Street Address City & State Zip Code:				
<u>Presently, are you and/or your family living in any of the following situations? Check one box:</u>				
<input type="checkbox"/> In a single-family residence (house, apartment, condominium, or mobile home) that is a permanent, regular, adequate nighttime residence that has running water, electricity, and heat				
<input type="checkbox"/> Shared housing <i>NOT</i> due to financial hardship				
<input type="checkbox"/> In a shelter (family shelter, domestic violence shelter, youth shelter)				
<input type="checkbox"/> In a motel/hotel or campsite, temporarily due to inadequate housing				
<input type="checkbox"/> In a car, park, campground, or abandoned building due to inadequate housing				
<input type="checkbox"/> Shared housing with another family due to loss of housing or economic hardship (loss of job, eviction, natural disaster)				
<input type="checkbox"/> Foster Youth				
<input type="checkbox"/> Migrant Worker				
<input type="checkbox"/> I am a student under the age of 18 and living apart from parent(s) or guardian (Unaccompanied Minor)				
Name of other children living with you	Gender	Birthdate	Grade	School

Signing this form, I declare under penalty of the laws in the state of California that the foregoing is true and correct and of my own personal knowledge. In addition, I understand that Barstow Unified School District reserves the right to verify the above residence information.

Signature of parent/legal guardian

Date

If you have any questions, please contact BUSD Outreach Liaison 760-255-6026

Your child may have the right to: Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment. Continue to attend their school or origin, if requested by you and it is in the best interest. Receive transportation to and from their school of origin, the same special programs, and services, if needed, as provided to all other children, including free meals and Title I. Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.