

Student Residency Questionnaire



School Name: _____

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), Sec.722. of the Every Student Succeeds Act. The answers you give will help the school determine the services the student may be eligible to receive. Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Last, First & Middle Name of Student: _____ Gender: ☐ Male ☐ Female

Date of Birth: _____ Grade: _____ Student ID: _____

Check **only one box** that best describes with whom the student resides. (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

- ☐ Parent(s)
- ☐ Legal Guardians(s)
- ☐ Caregiver(s) who are **not** legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
- ☐ Student is currently in **Foster Care**, under Managing Conservatorship of the Texas Department of Family and Protective Services (DFPS). Please provide DFPS Form 2085 (**In Compliance with state statute §TEC 25.007**)
- ☐ Other _____

Name of person with whom student resides: _____

Address: _____

City: _____ ZIP: _____

Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____

Please check only one box that best describes where the student is presently living:

- ☐ In my own home or apartment. Check the box that describes your home
 - ☐ My home has running water, and electricity (Code0)
 - ☐ My home has not electricity (Code3)
 - ☐ My home has no running water
- ☐ In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent(s) in the military and deployed, parent(s) in jail, etc.) (Code 2)
 - ☐ Unaccompanied Minor (Code 4)
- ☐ In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing) (Code 5)
- ☐ In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization) (Code 5)
- ☐ In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.) (Code 4)
- ☐ In a RV, tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered Location (Code 3)
- ☐ None of the above describe my present living situation.

Factors contributing to the student's current living situation (check all that apply):

- ☐ Natural disaster
 - ☐ Tornado, storm, flood, etc.
 - ☐ Hurricane, name: _____
 - ☐ Fire: prairie, forest, grass, lightning strike, etc.
- ☐ Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- ☐ Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- ☐ Military: Parent/guardian deployed, injured or killed in action
- ☐ Incarceration of parent/guardian
- ☐ Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- ☐ Home fire not due to natural causes (i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.)
- ☐ Economic hardship:
 - ☐ Loss of job resulting in inability to pay rent or mortgage
 - ☐ Income from part-time or low paying job does not cover cost of housing in the area
 - ☐ Loss of housing
- ☐ High medical bills that leave little or no money for housing
- ☐ Lack of affordable housing in the area
- ☐ Minor student unable to afford housing on my own
- ☐ None of the above

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	Name of School

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

☐ I certify the above named student **qualifies** for services of the McKinney-Vento Act.

☐ I certify the above named student **does not qualify** for services of the McKinney-Vento Act.

Campus Counselor / District McKinney-Vento Liaison Signature

Date