Salinas City Elementary School District
Student Housing Questionnaire

The California Department of Education requires the completion of this document yearly to help determine additional services for eligible students under the McKinney-Vento Act.
All information on this form will be kept confidential. Additional copies of this form are in the office.

Student Last Name (legal)	Student First Name	Birthdate	School	Grade

We now live (check all that apply):
☐ Sharing housing with other(s) due to loss of housing, financial difficulties, natural disasters, lack of adequate housing, or similar reasons (120)
☐ Renting a room due to financial difficulties or loss of housing (120)
☐ Living in a car or ☐ RV (130)
☐ Campground or ☐ Trailer park (130)
☐ Garage ☐ Abandoned building ☐ Other inadequate accommodations that may lack water, electricity, heat, or have mold or pest infestation (130)
☐ Living in a motel or hotel (110)
☐ Staying in a shelter (family, domestic violence, or transitional living program) (100)
☐ Own or rent a home or apartment and not sharing with another family (200)

List **all other children between the ages of birth to 22 years old** who live in the same household:

Full Legal Name	Birthdate	Grade	School

McKinney-Vento Students have the right to: • Immediate enrollment in the school last attended or their local school of residency, regardless of required enrollment documentation. • Continue to attend their school of origin. • Receive transportation to and from the school of origin. • Receive special programs and services. • Free school meals. • Receive the full protections and services provided under all federal and state laws, as they relate to homeless children. **• For more information, visit www.salinascityesd.org**

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above-listed housing information.

Circle one: Parent/Guardian/Legal Guardian/Caregiver

Signature: _____ Date: _____

School Staff: Please immediately send this completed, original form to the Family Resource Center.
KAM FRC: DIAS, BMS, EGS, KAM, LWS, LVS, NAT, SCSA **SES FRC:** LIN, LPS, MIP, MOP, ROS, SES, UPS, ALL Preschools