

Today's Date: _____

Student Residency Questionnaire (SRQ) 2026-2027

Please complete (1) one form for each student to determine McKinney-Vento eligibility. Completed forms should be submitted to mckinneyvento@cfisd.net. For assistance, please call Families in Transition at (281) 517-2117.

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. ☐ One or Both Parents ☐ Legal Guardian (granted only by a court) ☐ Foster Guardian (granted by CPS) ☐ Caregiver (Examples: friends, relatives, etc.) ☐ Alone with NO adult(s)			

- Does the student currently live in a home or apartment **owned or rented** by a parent or legal guardian? ☐ YES ☐ NO
- Does the home have running water, electricity, heat and/or large enough space for the size of the family? ☐ YES ☐ NO
- Is this your family's permanent housing? ☐ YES ☐ NO (*Permanent housing means your family is not staying here temporarily due to loss of housing, financial hardship, or another crisis.*)



If you answered **NO** to any question above, please complete the remainder of this form. Your student may be eligible for additional support services.

- What caused the change in your living situation? (Check ☒ all that apply):
☐ Loss of housing/eviction ☐ Natural disaster (flood, hurricane, fire etc.) ☐ Unsafe or unhealthy conditions
☐ Domestic violence ☐ Parent/legal guardian incarceration ☐ Other: _____
- When did this situation begin? Date (if known): _____
- Where did this situation occur? City/County/State: _____
- If this housing were no longer available, where would your family stay? _____
- 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: _____

Student Residency Questionnaire (SRQ) (Page 2)

STUDENT NAME: (Last Name, First Name)	CFISD CAMPUS:
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9. Are there any other children in the home who are enrolled in school? ☐ YES ☐ NO

If there are other school-age children living in the home, please provide their information. If additional space is needed, you may list other students on the back of the form. This information helps us identify all children in the home who may be eligible for assistance.

Last Name	First Name	Grade	School	Sibling
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

Please explain your living 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

☐ Accompanied Youth (in physical custody of a parent/legal guardian)	☐ Unaccompanied Youth (NOT in physical custody of a parent/legal guardian)
☐ Student qualifies as homeless.	☐ Student does NOT qualify as homeless.
McKinney-Vento Liaison Signature:	Date:
Comments:	