



## STUDENT NIGHTTIME RESIDENCY QUESTIONNAIRE

This document is intended to provide proof that the student complies with district residency requirements (Board Policy 5111.1) and to address the requirements mandated within the McKinney-Vento Assistance Act, U.S.C.A. 42 Section 11302(a).

### Section A:

Date: \_\_\_\_\_ Student Name (First, M.I., Last): \_\_\_\_\_ ☐ Male ☐ Female

School Enrolling In: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Special Ed: ☐ No ☐ Yes Eligibility \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

### Section B:

**Student's Living Situation** (Check all that may apply):

- ☐ Single Family permanent residence (house, apartment, condo, mobile home) that you own or rent
- ☐ Temporarily doubled up – Sharing a house **NOT DUE TO** financial hardship (Property owner/renter will need to provide proof listed below as well as show identification to school staff).

**Present TWO of the following items (current original documents only) to verify your name and address at the location above:**

|                            |            |                    |                                         |
|----------------------------|------------|--------------------|-----------------------------------------|
| So. Calif. Edison Co. Bill | Water Bill | Mortgage Statement | So. Calif. Gas Co Bill                  |
| Rental Contract            | Cable Bill | Property Tax Bill  | Military Housing Order                  |
| Escrow Statement           | Pay Stub   | Voter Registration | Correspondence from a Government Agency |

**If you checked either box above in Section B. please proceed to Section F to sign, date, and complete the form.**

### Section C:

If you did not select either option in Section B, please review the information in the box below and check all that apply. You will need to complete all remaining sections of the form.

**If you cannot check either box above, please continue with the form below and proceed to the other side.**

- ☐ In a shelter \_\_\_\_\_ (name of shelter)
- ☐ In a motel or hotel \_\_\_\_\_ (name of motel/hotel) **temporarily, due to inadequate housing**
- ☐ In a transitional housing program \_\_\_\_\_ (name of program)
- ☐ In a car, trailer or campsite, **temporarily, due to inadequate housing**
- ☐ In a rented trailer/motor home on private property
- ☐ In a Single Room Occupancy (SRO) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens
- ☐ In a rented garage **due to loss of housing**
- ☐ In another family's house or apartment, **temporarily, due to loss of housing, stemming from financial problems (e.g. loss of job, eviction, or natural disaster)** (Property owner/renter will need to provide proof listed above as well as show identification to school staff)
- ☐ With an adult that is not the parent/legal guardian, **temporarily, due to loss of housing**
- ☐ Awaiting foster placement
- ☐ Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (please explain) \_\_\_\_\_
- ☐ Living alone, without any adult (unaccompanied youth)

**If any of the situations are checked in this box, please fill out the Needs Assessment Information Sheet**

## Section D:

### Know Your Rights

Your child or children 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 of 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 protection and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

### The student lives with (Please check all that apply):

- ☐ Parent(s) or legal guardian
- ☐ Both parents
- ☐ Mother only
- ☐ Father only
- ☐ A relative, friend, or other adult
- ☐ I am a student under the age of 18 and living apart from parent(s) or guardian(s)
- ☐ Other: \_\_\_\_\_ (Group Home)

Please list all other children currently living with you.

| Name | Gender | Birthdate | Grade | Preschool or School |
|------|--------|-----------|-------|---------------------|
|      |        |           |       |                     |
|      |        |           |       |                     |
|      |        |           |       |                     |
|      |        |           |       |                     |

## Section E:

**Program Consent for Services (Optional) :** This district partners with local agencies to support families experiencing homelessness. Your signature gives consent to provide relevant and necessary information to these agencies to contact you to provide supportive services.

Yes, I consent. \_\_\_\_\_ No, I decline.: \_\_\_\_\_  
Signature Signature

## Section F:

*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 any and all provided residence information.*

| Print Parent/Guardian Name | Signature |     | Date  |
|----------------------------|-----------|-----|-------|
|                            |           |     |       |
| Mailing Address            | City      | Zip | Phone |
|                            |           |     |       |
| Email Address              |           |     |       |

### Office Use Only

**Office staff, return the completed form to Student Support Services, ATTN: Kelly Borchard, Homeless and Foster Youth Liaison (805) 389-2100 x1103**

| Office Staff                   | District Use                               |
|--------------------------------|--------------------------------------------|
| Copy goes in cum               | Update <i>Student Program History</i> in Q |
| Update residential status in Q | Notify Parent                              |
| Send original to Kelly, ASAP   |                                            |