



STUDENT RESIDENCY STATEMENT

Please list all of YOUR school-aged children currently living with you. (Please print as stated on Birth Certificate)

Name: _____ Birth date: _____ Grade: _____ School: _____

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Information provided on this form is confidential.

Please choose ALL that apply (what caused the loss of housing):

Loss of Housing _____, Economic Hardship _____, Evicted _____, Foreclosure _____, Lost Job _____, Separated/Divorced _____,
Fire _____, Flood _____, Natural Disaster _____, Safety Reasons _____, Military Parent _____, Moved from _____

Explain: _____

1. Do you live in any of the following situations?

____ Sharing housing with other persons (**explain**)

____ Long-term living arrangement to save money or a similar reason (**explain**): _____

____ In a motel, hotel, or campground (**specify name of location and explain**): _____

____ Lack of alternative adequate accommodations: (**explain**) _____

____ A convenient living arrangement or waiting for an apartment or house to be ready.

____ Other (**explain**): _____

____ In an emergency shelter, such as domestic violence, homeless shelter, transitional housing, other shelter or agency.

____ A primary nighttime residence not designed for or ordinarily used as a regular sleeping place for human beings.

____ In cars, parks, public spaces, abandoned buildings, bus/train station, or similar setting (**explain**): _____

____ Substandard Housing, ____ Unaccompanied Youth, ____ Awaiting Foster Care, ____ Migratory Children, ____ Group Home ____ None of the above.

2. Who is your family living with? Friend _____, Grandparent _____, Family Member _____, other (**please specify**) _____

3. Current Full Address (including room #): _____ **Your Phone Number:** _____

4. How long have you lived at this location? _____ **How long do you anticipate living here?** _____

Parent/Guardian/Unaccompanied Youth (Print Name)

Signature

Date: _____

Email Address: _____

SCHOOL USE: If a homeless situation is indicated, give the parent/guardian/unaccompanied youth a copy of Form JBC(1)E(2) (Information for Parents, McKinney-Vento Homeless Assistance Act). Email this completed form to the Homeless Education Liaison at dearnhart@paulding.k12.ga.us. Contact the Homeless Education Liaisons at 770-443-8003 ext. 10264 with any questions.

Book Bag _____, School Supplies _____, Dictionary _____, Toiletries _____, Calculator _____, Clothing _____, other _____.

____ Denied Homeless ____ Approved Homeless Date: _____ By: _____

Homeless Education Liaison