



**CULVER CITY UNIFIED SCHOOL DISTRICT
SCHOOL AND FAMILY SUPPORT SERVICES**

4034 Irving Place
Culver City, CA 90232

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, U.S.C.A. 42 Section 11302(a). Your answers will help the Director of School and Family Support Services determine residency documents necessary for enrollment.

1. Presently, where is the student living? *(Check all that apply in Section A or B)*

| Section A | Section B |
|--|---|
| <input type="checkbox"/> In a shelter <input type="checkbox"/> In a motel or hotel <input type="checkbox"/> In a transitional housing program <input type="checkbox"/> In a car, trailer or campsite <input type="checkbox"/> In a rented trailer/motor home on private property <input type="checkbox"/> In a SRO building (single room occupancy) <input type="checkbox"/> In a rented garage <input type="checkbox"/> Temporarily in another family's house or apartment due to loss of housing <input type="checkbox"/> Temporarily with an adult that is not the parent/legal guardian due to loss of housing <input type="checkbox"/> Foster child awaiting placement <input type="checkbox"/> Other places unfit for human habitation <p><i>CONTINUE: If you have checked a box in this section, please complete the remainder of this form and return it to the Office of School and Family Support Services, 4034 Irving Place, Culver City, CA 90232. FAX: 310-842-4274 E-mail: drewsotelo@ccusd.org</i></p> | <input type="checkbox"/> Choices in Section A do not apply <p align="center"><i>STOP: If you have checked this section, you do <u>not</u> need to complete and return the remainder of this form.</i></p> |

Date: _____ Last School of Attendance: _____ Dates: _____

Name of student: _____ male female

Birth date: _____ / _____ / _____ Age: _____ Grade _____
Month Date Year

Name of Parent/Legal Guardian: _____ Daytime Phone _____

(Temporary) Address: _____ City: _____ Zip: _____

As of what date (approximately) have you been staying at the above address? _____

Signature of Parent/Legal Guardian/Caretaker: _____

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or legal guardian |

If the parent has checked Section B above, completion of this form is not required.