

STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student: _____ (Male ____ Female ____)

Birthdate: _____ Grade: _____

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes** __ **No** __
(If you circled “**Yes**”, stop here. You must provide a gas or electric bill in your name as proof of residence. If you circled “**NO**”, please continue with this form.)

- 2. Do you and the student live in:
 - Shelter
 - Hotel/Hotel
 - Temporarily with another family in a house, mobile home, or apartment
 - In a car or RV
 - At a campsite
 - Transitional Housing
 - Other location _____

- 3. The student lives with:
 - One parent
 - Two parents
 - A qualified relative
 - Friend(s)
 - An adult that is not the legal guardian
 - Alone with no adult(s)

- 4. I am:
 - The parent/legal guardian of the above-named student
 - A qualified adult relative of the above-named student
 - (Relationship: _____)

I declare under penalty of perjury under the laws of the state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____
Street City Zip

Mailing Address: _____
Street City Zip

Telephone: (____) _____ Cell Phone: (____) _____